

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**  
 05-10-2002 90045 011 \*\*\*150.00

**DOCUMENT # P01000009108**

**1. Entity Name**  
**PIONEER TECHNOLOGIES, INC.**

**Principal Place of Business**  
**772 E BIRCHWOOD CIR**  
**KISSIMMEE FL 34743**

**Mailing Address**  
**772 E BIRCHWOOD CIR**  
**KISSIMMEE FL 34743**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**59-3703469**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GRAHAM, GEORGE A**  
**772 E BIRCHWOOD CIR**  
**KISSIMMEE FL 34743**

Name **FURUKAWA, Ron H.**

Street Address (P.O. Box Number is Not Acceptable)  
**816 RENAISSANCE Pointe Blvd. Unit 106**

City **Altamonte Springs**

**FL**

Zip Code **32714**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

**SIGNATURE** *[Signature]* **Ron H. Furukawa PT**

**4/24/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.**

☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **DV** ☐ Delete  
**NAME** **GRAHAM, GEORGE A**  
**STREET ADDRESS** **772 E BIRCHWOOD CIR**  
**CITY-ST-ZIP** **KISSIMMEE FL 34743**

**TITLE** **VS** ☒ Change ☐ Addition  
**NAME** **Graham, George A.**  
**STREET ADDRESS** **772 E. Birchwood Cir**  
**CITY-ST-ZIP** **Kissimmee, FL 34743**

**TITLE** **DTS** ☒ Delete  
**NAME** **BUSBY, PAUL M**  
**STREET ADDRESS** **8239 AMBROSE COVE WAY**  
**CITY-ST-ZIP** **ORLANDO FL 32819**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **DP** ☐ Delete  
**NAME** **FURUKAWA, RON**  
**STREET ADDRESS** **816 RENAISSANCE POINT BLVD UNIT 106**  
**CITY-ST-ZIP** **ALTAMONTE SPRINGS FL 32714**

**TITLE** **PT** ☒ Change ☐ Addition  
**NAME** **Furukawa, Ron H.**  
**STREET ADDRESS** **816 Renaissance Pointe Blvd. Unit 106**  
**CITY-ST-ZIP** **Altamonte Springs, FL 32714**

**TITLE** **V** ☒ Delete  
**NAME** **JARVIS, ROBERT F JR**  
**STREET ADDRESS** **2016 WOODLAND STREET**  
**CITY-ST-ZIP** **NEW SMYRNA BEACH FL 32168**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*[Signature]* **Ron H. Furukawa PT** **4/24/02** **407-296-7014**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)