

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

2005

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90125 009 \*\*\*150.00

DOCUMENT # P01000035232

1. Entity Name

Kit Pieri, PA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

13905 Fairway Island Dr.

3. Mailing Address

Same

Suite, Apt. #, etc.

#1015

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

4. FEI Number

59-3710140

Applied For

Not Applicable

Zip

Country

32837

USA

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Kit Pieri

Street Address (P.O. Box Number is Not Acceptable)

13905 Fairway Island Dr. #1015

City

Orlando

FL

Zip Code

32837

**DO NOT WRITE  
IN THIS SPACE**

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, 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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kit Pieri 13905 Fairway Island Dr. #1015 Orlando, FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Rasmie Simmons 3251 Falcon Point Dr. Kissimmee, FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kit Pieri*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/02 (407) 222-0955  
Date Daytime Phone #

CR2E034B (12/01)