

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90026 037 ***150.00

DOCUMENT # P01000100796

1. Entity Name

TRUE PIONEER ENTERPRISE, INC.

Principal Place of Business

**1108 BARTOW RD., APT. 33
 LAKELAND FL 33801**

Mailing Address

**1108 BARTOW RD., APT. 33
 LAKELAND FL 33801**



2. Principal Place of Business

1108 BARTOW Rd

3. Mailing Address

1108 BARTOW Rd

Suite, Apt., #, etc.

Suite, Apt., #, etc.

APT 33

APT 33

City & State

LAKELAND FL

City & State

LAKELAND FL

Zip

33801

Country

USA

Zip

33801

Country

USA

4. FEI Number

59-3734478

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

JOHNSON, JOEL F

1108 BARTOW RD., APT. 33

LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Joel Johnson

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/02

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

TITLE **PD** ☐ Delete

NAME **JOHNSON, JOEL F**
 STREET ADDRESS **1108 BARTOW RD., APT. 33**
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **VD** ☐ Delete

NAME **HOWARD, GENESIS**
 STREET ADDRESS **1690 CRYSTAL PARK CIRCLE**
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **COF** ☒ Delete

NAME **ALEXANDER, DAVID**
 STREET ADDRESS **844 CASTLE WAY**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **D** ☒ Delete

NAME **ALEXANDER, DAVID**
 STREET ADDRESS **844 CASTLE WAY**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

Joel Johnson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/02 (863) 682-6333
 Date Daytime Phone #

CR2E034 (9/01)