

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) (AMENDED)

FILED

DOCUMENT # P02000044592

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



03 JUN 11 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
6426 NORTHWES 5 WAY  
FORT LAUDERDALE, FL 33309

Mailing Address  
6426 NORTHWES 5 WAY  
FORT LAUDERDALE, FL 33309

2. Principal Place of Business  
6440 N.W. 5th way  
Suite, Apt. #, etc.

3. Mailing Address  
6440 N.W. 5th way  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
Fort Lauderdale, FL  
Zip 33309 Country US

City & State  
Fort Lauderdale, FL  
Zip 33309 Country US

4. FEI Number 45-0474584  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMBERTUS, ARTHUR W  
2929 EAST COMMERCIAL BOULEVARD  
SUITE 604  
FORT LAUDERDALE, FL 33308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agents signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME MCCAWLEY, PAUL M  
STREET ADDRESS 1685 ME 34TH LANE  
CITY-ST-ZIP OAKLAND PARK, FL 33334

TITLE D ☒ Delete  
NAME MCCLENDON, KEITH  
STREET ADDRESS 1010 SEMINOLE DRIVE #1113  
CITY-ST-ZIP FORT LAUDERDALE, FL 33304

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 800020789988  
STREET ADDRESS 06/11/03--01081--012 \*\*61.25  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME President  
STREET ADDRESS Keith McClendon  
CITY-ST-ZIP 3025 N.E. 21st St.  
Fort Lauderdale FL 33305

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Keith McClendon* Keith McClendon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/03 954-492-8131 x8014  
Date Daytime Phone #

CP2E034 (10/02)

7/6/11