

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90035 028 ***150.00

AV 9880750

DOCUMENT # P35062

1. Entity Name

PIONEER AMERICAS, INC.

Principal Place of Business

**700 LOUISIANA STREET, SUITE 4200
SUITE 4300
HOUSTON TX 77002
US**

Mailing Address

**700 LOUISIANA STREET, SUITE 4200
SUITE 4300
HOUSTON TX 77002
US**

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

51-0302028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

TITLE **DCOB** ☐ Delete
NAME **FERRIS, MICHAEL J**
STREET ADDRESS **700 LOUISIANA STE #4300**
CITY-ST-ZIP **HOUSTON TX 77002**

TITLE **VS** ☐ Delete
NAME **STEPHENSON, KENT R**
STREET ADDRESS **700 LOUISIANA STE #4300**
CITY-ST-ZIP **HOUSTON TX 77002**

TITLE **AS CLARK** ☐ Delete
NAME **MAGIAS, EVA**
STREET ADDRESS **700 LOUISIANA STE #4300**
CITY-ST-ZIP **HOUSTON TX 77002**

TITLE **VCFO** ☐ Delete
NAME **ABLOVE, PHILIP J**
STREET ADDRESS **700 LOUISIANA STE #4300**
CITY-ST-ZIP **HOUSTON TX 77002**

TITLE **T** ☐ Delete
NAME **LESLIE, DAVID A**
STREET ADDRESS **700 LOUISIANA STE 4300**
CITY-ST-ZIP **HOUSTON TX 77002**

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
NAME **Assistant Secretary**
STREET ADDRESS **Clark, Eva**
CITY-ST-ZIP **700 Louisiana Suite 4300
Houston TX 77002**

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

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:

Eva Clark *Eva Clark*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-2002
Date

713-570-3243
Daytime Phone #

CR2E034 (9/01)