

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90007 028 \*\*\*158.75

**DOCUMENT #** 09200 0001528  
**1. Entity Name** PIONEER INSURANCE GROUP, INC. (4)

**Principal Place of Business** 11287 S. DIXIE HWY  
 PINECREST, FL. 33156  
**Mailing Address** 11287 S. DIXIE HWY  
 PINECREST, FL. 33156

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
**3. Mailing Address**  
 Suite, Apt. #, etc.  
**City & State**  
**City & State**  
**Zip** **Country** **Zip** **Country**

**4. FEI Number** 650365063  
 Applied For  
 Not Applicable  
**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

ADD74273

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CHRISTOPHER S. KIBORT 11287 S. DIXIE HWY MIAMI, FL. 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CHRISTOPHER S. KIBORT 11287 S. DIXIE HWY MIAMI, FL. 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** CHRISTOPHER S. KIBORT 6/12/01 305-256-8127  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)



Attachment  
ADD 74273

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

May 17, 2001

PIONEER INSURANCE GROUP, INC.  
11287 S. DIXIE HIGHWAY  
MIAMI, FL 33156

SUBJECT: PIONEER INSURANCE GROUP, INC.  
Ref. Number: P92000001528

We have received your check(s); however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/cc  
ANNUAL REPORTS SECTION

Letter number: 101A00030372

Director's Office

*Thib. You!*  
*CD/CL*