

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90182 040 ***150.00

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DOCUMENT # P93000005725

1. Entity Name
PEARLS POWER SPRAY, INC.



Principal Place of Business
**10350 NW 55TH STREET
FORT LAUDERDALE FL 33351
US**

Mailing Address
**10350 NW 55TH STREET
SUNRISE FL 33351
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5130 S.W. 64th Ave.

5130 S.W. 64th Ave.

City & State

City & State

Davie, Florida

Davie, Florida

Zip

Country

Zip

Country

33314

US

33314

US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0369526**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEARL, STEVEN
10350 NW 55TH STREET
SUNRISE FL 33351**

Name

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

5130 S.W. 64th Ave.

City

Davie, FL.

FL

Zip Code

33314

8. I, the above named entity, submit 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 ☒ **Steven L Pearl**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **PEARL, STEVEN**
STREET ADDRESS **10350 NW 55TH STREET**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **P** ☒ Change ☐ Addition
NAME **Pearl, Steven**
STREET ADDRESS **5130 S.W. 64th Ave.**
CITY-ST-ZIP **Davie, FL. 33314**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Steven L Pearl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)