

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

07-02-2002 90810 023 \*\*\*150.00

DOCUMENT # **P930000 32902**

1. Entity Name

**Pearl Linen, Inc** ✓

**DO NOT WRITE IN THIS SPACE**

**80126628**

2. Principal Place of Business

**191 Highway 98**

3. Mailing Address

**PO Box 1107**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Eastpoint FL**

City & State

**SAME**

4. FEI Number

**59-3180735**

Applied For

Not Applicable

Zip

**32328**

County

**Franklin**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Jayson G Woolver**

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

**191 Highway 98**

City

**Eastpoint**

State

**FL**

Zip Code

**32328**

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

**President**

NAME

**Jayson Grant Woolver**

STREET ADDRESS

**same as above**

CITY-STATE-ZIP

CITY-STATE-ZIP

TITLE

**Vice-President**

NAME

**Jarrett Grant Woolver**

STREET ADDRESS

**same as above**

CITY-STATE-ZIP

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

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CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

CITY-STATE-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/12/02**

**850 690 8703**

CR2E034B (12/01)



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State

June 22, 2002

PEARL LINEN INC.  
PO BOX 1107  
EASTPOINT, FL 32328 US

Subject: **PEARL LINEN INC.**

Reference Number: **P93000032902**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

**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.

/RJ  
ANNUAL REPORTS SECTION