407-574-2282

2001 UNIFORM BUSINESS REPORT (UBR)

elene Vough

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

Feb 19, 2001 8:00 am DOCUMENT # P93000070096 Secretary of State LARRY'S PIONEER GRADING SERVICE, INC. 02-19-2001 90003 043 ***150.00 Principal Place of Business Mailing Address 260 ABBEYVILLE ST. 260 ABBEYVILLE ST. DELTONA FL 32725 **DELTONA FL 32725** 921207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3205563 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **VOUGH, LAURENCE J SR** Street Address (P.O. Box Number is Not Acceptable) 260 ABBEYVILLE ST. **DELTONA FL 32725** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE ☐ Change Addition **VOUGH, LAURENCE SR** NAME NAME STREET ADDRESS STREET ADDRESS 260 ABBEYVILLE ST CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL** ☐ Change ☐ Addition Delete TITLE TITLE VOUGH, ARLENE M NAME NAME STREET ADDRESS STREET ADDRESS 260 ABBEYVILLE ST CITY-ST-7IP CITY-ST-ZIP DELTONA FL Addition TITLE ☐ Change ☐ Delete TITLE VOUGH, LAURENCE JR. NAME ---NAME STREET ADDRESS 260 ABBEYVILLE ST STREET ADDRESS CITY-ST-ZIP **DELTONA FL** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.