## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## **FILED** Apr 27, 2000 8:00 am Secretary of State DOCUMENT # **P94000044649** FREDERICK J.V. PEARSON, P.A. 04-27-2000 90042 028 \*\*\*150.00 Principal Place of Business Mailing Address 5332 CENTRAL AVE 5332 CENTRAL AVE ST PETERSBURG FL 33732-5832 ST PETERSBURG FL 33707 948102 Principal Place of Business Free N. 3. Mailing Address P.O. Box DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3249488 Celary Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired mellas 702 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEARSON, FREDERICK J Street Address (P.O. Box Number is Not Acceptable) 5382 CENTRAL AVE ST PETERSBORG FL 38707 702 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 (NOTE Registered Agent signature required when reinstating) agent and title if applicable. 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete TITLE Addition TITLE Pearson Frederick J.V 8600 15th Street N. PEARSON, FREDERICK J V NAME NAME STREET ADDRESS STREET ADDRESS 5332 CENTRAL AVE CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33707 TITLE Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition : ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE 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 offer like empowered.