

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90013 041 ***150.00

DOCUMENT # P95000035047

1. Entity Name
PEARLS UNLIMITED INC.

Principal Place of Business
4727 IRLO BRONSON PKWY
KISSIMMEE FL 34746

Mailing Address
9428 W COLONIAL DR
OCOOEE FL 34761



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4727 IRLO BRONSON PKWY
 Suite, Apt. #, etc.

3. Mailing Address

1201 HIDDEN HARBOR
 Suite, Apt. #, etc.

City & State
KISSIMMEE FLORIDA

City & State
KISSIMMEE FLORIDA

4. FEI Number **59-3315794**

Applied For
 Not Applicable

Zip Country

Zip **34746**

Country **U.S.A**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SANT, DEAN
9428 W COLONIAL DR
OCOOEE FL 34761

NEW MAILING ADDRESS

7. Name and Address of New Registered Agent

Name **G. SANT**
 Street Address (P.O. Box Number is Not Acceptable)
1201 HIDDEN HARBOR
KISSIMMEE FLA 34746
 City **FL** Zip Code **34746**

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]**
 Signature, typed or printed name of registered agent and title if applicable.

G. SANT
 (NOTE: Registered Agent signature required when reinstating)

2-01-03
 DATE

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, 2002 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

TITLE	PO	<input type="checkbox"/> Delete
NAME	SANT, DEAN	
STREET ADDRESS	9428 W COLONIAL DR	
CITY-ST-ZIP	OCOOEE FL 34761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE REQUIRED
SANT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-02 407-847-9974

CR2E034 (9/01)