

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90086 041 ***150.00

DOCUMENT # P95000055422

1. Entity Name
PEARL GENERAL, INC.

Principal Place of Business

21301 POWERLINE RD
 SUITE 312
 BOCA RATON FL 33433
 US

Mailing Address

5410 HOMBERG DR
 SUITE A
 KNOXVILLE TN 37919-5029
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3328245**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALTERS, CLIFFORD L
802 11TH STREET WEST
BRADENTON FL 34205

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	LEVIN, RICHARD	1733 WEST FLETCHER AVENUE	TAMPA FL 33612	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VSD	RICE, SUZANNE L	1733 FLETCHER AVENUE	TAMPA FL 33612	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VSD	LEVIN, STEVEN	5410 HOMBERG DR STE A	KNOXVILLE TN 37919	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	LEVIN, JILL	P.O. BOX 11229 N/A	KNOXVILLE TN 37939	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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] Date: 3/15/00 Daytime Phone #: 865-584-4125