

2001 UNIFORM BUSINESS REPORT (UBR)

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~~
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 11229

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

37939

4. FEI Number

59-3328245

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

(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, 2001 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 PD ☐ Delete
NAME LEVIN, RICHARD
STREET ADDRESS 1733 WEST FLETCHER AVENUE
CITY-ST-ZIP TAMPA FL 33612

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD ☐ Delete
NAME RICE, SUZANNE L
STREET ADDRESS 1733 FLETCHER AVENUE
CITY-ST-ZIP TAMPA FL 33612

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD ☐ Delete
NAME LEVIN, STEVEN
STREET ADDRESS 5410 HOMBERG DR STE A
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME LEVIN, JILL
STREET ADDRESS P.O. BOX 11229 N/A
CITY-ST-ZIP KNOXVILLE TN 37939

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5410 Homberg Drive, Suite A
CITY-ST-ZIP Knoxville, TN 37919

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Jill Levin, Treasurer

1/23/01

865-584-4175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

R 2/24/00

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90053 011 ***150.00



DO NOT WRITE IN THIS SPACE