

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90052 016 ***150.00

0602470 AT

DOCUMENT # P95000073494**1. Entity Name**
PIR, INC.**Principal Place of Business****5700 W. MIDWAY ROAD**
FT. PIERCE FL 34979-969
US**Mailing Address****PO BOX 12969**
FORT PIERCE FL 34979

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number**59-3341447**

Applied For

Not Applicable

Zip

Country

Zip

Country

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****ROGERS, III, JAMES L**
5700 W. MIDWAY ROAD
FT. PIERCE FL 34979-969

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, 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD			
	ROGERS, JAMES L III	200 COCONUT PALACE ROAD	VERO BEACH FL 32963	
	STD			
	ROGERS, MARY M	200 COCONUT PALACE ROAD	VERO BEACH FL 32963	
	D			
	ROGERS JOHNSON, SUE	7380 WINDERCLIFF RD	ATLANTA GA 30328	

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02

561 464-6575

Date

Daytime Phone #

CP2E034 (9/01)