

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90065 025 ***150.00

DOCUMENT # P95000087207

1. Entity Name

PEARSON & ST. JAMES, INC.

Principal Place of Business

Mailing Address

~~3100 REYNOLDS DR~~
~~#100~~
~~BEVERLY HILLS CA 90212~~
~~US~~

P.O. BOX 7579
 NEWPORT BEACH CA 92658
 US

2. Principal Place of Business

7325 Medical Ctr. Dr
Suite 103

3. Mailing Address

Suite, Apt. #, etc.

West Hills CA

City & State

91307

USA

Zip

Country

4. FEI Number **65-0628676**

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

CHASE, ALAN R ESQ.
9400 S. DADELAND BOULEVARD
SUITE 600
MIAMI FL 33156

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 NAME STREET ADDRESS CITY-ST-ZIP	D LESSLER, REESA 2724 WAVECREST DRIVE CORONA DEL MAR CA 92625	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LESSLER, PAUL 2724 WAVECREST DRIVE CORONA DEL MAR CA 92625	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL LESSLER

Date

Daytime Phone #

01/28/01 818-884-9944

CR2E034 (10/00)