

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90012 039 ***550.00

DOCUMENT # P96000045679**1. Entity Name**
PEARSON & SONS OUTFITTERS, INC.**Principal Place of Business****207 S PALAFOX**
PENSACOLA FL 32501
US**Mailing Address****207 S PALAFOX**
PENSACOLA FL 32501
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 **59-3379186**

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****MATTHEWS, EDESEL F JR.**
308 S. JEFFERSON ST.
PENSACOLA FL 32501

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 \$550.00**
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****T** ☐ Delete
PEARSON, ROBERT L
207 S PALAFOX
PENSACOLA FL**P** ☐ Delete
PEARSON, MARK
207 S PALAFOX
PENSACOLA FL**V** ☐ Delete
PEARSON, TODD A
207 S PALAFOX
PENSACOLA FL**S** ☐ Delete
PEARSON, LINDA
207 S PALAFOX
PENSACOLA FL☐ Delete

CITY-ST-ZIP☐ Delete

CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**☐ Change ☐ Addition

CITY-ST-ZIP☐ Change ☐ Addition

CITY-ST-ZIP☐ Change ☐ Addition

CITY-ST-ZIP☐ Change ☐ Addition

CITY-ST-ZIP☐ Change ☐ Addition

CITY-ST-ZIP☐ Change ☐ Addition

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:** *Robert L. Pearson* **RECEIVED** **Robert L. Pearson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/10/01 (850) 470-9626

CR2E034 (5/01)