

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90281 026 ***150.00

DOCUMENT # P96000089548

1. Entity Name

Pioneer-Kaiser, Inc.

Principal Place of Business

12354 44th Street N.
Clearwater, FL 33762
US

Mailing Address

12354 44th St. N.
Clearwater, FL 33762
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3409032

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

00055691

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Lovelace William K. Esq
2310 West Bay Dr.
Largo, FL 33770

7. Name and Address of New Registered Agent

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 reinstalling)

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

TITLE	Pres., Director	☐ Delete
NAME	Beavon, Lily	
STREET ADDRESS	12354 44th St. N.	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE	VP	☐ Delete
NAME	Beavon, Ronald	
STREET ADDRESS	12354 44th St. N.	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

[Signature]

[Signature]

CR2E034 (9/99)