

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90077 001 ***150.00

DOCUMENT # P97000012885

1. Entity Name
PILGRIM USA, INC.

Principal Place of Business

**392 W OSCEOLA ST
 CLERMONT FL 34711**

Mailing Address

**392 W OSCEOLA ST
 CLERMONT FL 34711**

2. Principal Place of Business

1153 10TH STREET

3. Mailing Address

SOS AVENUE, A. N.W

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

SUITE 102

City & State

CLERMONT FLORIDA

City & State

WINTER HAVEN FLORIDA

Zip

34711

Country

USA

Zip

33881-4626

Country

USA

4. FEI Number **59-3568820**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ANKER, MICHAEL
 392 W OSCEOLA STREET
 CLERMONT FL 34711**

7. Name and Address of New Registered Agent

Name
MICHAEL ANKER, GOVONI, HARDING & ASSOCIATES
 Street Address (P.O. Box Number is Not Acceptable)
SOS AVENUE, A. NW SUITE 102
 City **WINTER HAVEN** FL **33881-4626**

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 **MICHAEL ANKER - PRESIDENT** DATE **26 JAN 2002**

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

TITLE ☒ Delete
 NAME **ANKER, MICHAEL**
 STREET ADDRESS **13543 E HWY 50**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☒ Delete
 NAME **ANKER, DEBORAH**
 STREET ADDRESS **13543 E HWY 50**
 CITY-ST-ZIP **CLERMONT FL 34711**

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 **ANKER, MICHAEL**
 STREET ADDRESS **MAYFLOWER HOUSE**
 CITY-ST-ZIP **LANGHAM, Rutland, LEIS THZ - UK**

TITLE ☒ Change ☐ Addition
 NAME **ANKER, DEBORAH**
 STREET ADDRESS **MAYFLOWER HOUSE**
 CITY-ST-ZIP **LANGHAM, Rutland, LEIS THZ - UK**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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: **MICHAEL ANKER** DATE **26 JAN 2002** DAYTIME PHONE # **1572 786577**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)