770-621-7*948* 

SIGNATURE:

## FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 21, 2001 8:00 am DOCUMENT # P97000015838 **Secretary of State** 1. Entity Name K.C. PIERSON, INC. 03-21-2001 90032 049 \*\*\*150.00 Principal Place of Business Mailing Address 10845 KINGS BAY DRIVE 10845 KINGS BAY DRIVE **BOCA RATON FL 33490** BOCA RATON FL 33490 00027452 2. Principal Place of Business 3. Mailing Address Sugar loaf Club DALL 18 N.E. and Ave. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0740118 Not Applicable Zip 33004 \$8.75 Additional 5. Certificate of Status Desired 30097 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent and the same PIERSON, KEITH Street Address (P.O. Box Number is Not Acceptable) 10845 KINGS BAY DRIVE **BOCA RATON FL 33490** City Zip Code 8. The above named early submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) ire, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. resident th Pierson TITLE ☐ Delete TITLE NAME PIERSON, KEITH NAME 1865 Sugar loaf Club Drive Delluth, GA 30097 STREET ADDRESS STREET ADDRESS 10845 KINGS BAY DRIVE CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33490 Cloudy Merson 1865 Sugarloaf Club Drive Deluth GA 30097 ☐ Delete TITLE TITLE NAME PIERSON, CLAUDY NAME STREET ADDRESS STREET ADDRESS 10845 KINGS BAY DRIVE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33490** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 of 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR