

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016673

1. Entity Name
PRV356, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90032 014 ***150.00

Principal Place of Business
P O BOX 1431
JACKSONVILLE FL 32201

Mailing Address
P O BOX 1431
JACKSONVILLE FL 32201-1431

2. Principal Place of Business
2836 Park St.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Jacksonville FL
Zip 32205 Country USA

City & State

4. FEI Number 59-3504574

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

PEARSON, DANIEL
1456 BELMONTE AVE
JACKSONVILLE FL 32207

Name Pearson, Daniel
Street Address (P.O. Box Number is Not Acceptable)
2836 Park St.
City Jacksonville FL Zip Code 32205

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 Daniel Pearson *Daniel Pearson* 02-23-00
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME PEARSON, DANIEL ☒ Delete
STREET ADDRESS 3982 COHAL CT
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE P
NAME Pearson, Daniel ☒ Change ☐ Addition
STREET ADDRESS 2836 Park St.
CITY-ST-ZIP Jacksonville, FL 32205

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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: Daniel Pearson *Daniel Pearson* 3-16-00 (904) 389-8140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)