

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047985

1. Entity Name

PIONEER BUSINESS SERVICES, INC.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90024 050 ***150.00

Principal Place of Business

Mailing Address

931 TRAY DR.
FT. WALTON BEACH FL 32547
US

931 TRAY DR.
FT. WALTON BEACH FL 32547-1964
US

2. Principal Place of Business

3. Mailing Address

6555 Bellingham St.
Suite, Apt. #, etc.

6555 Bellingham St.
Suite, Apt. #, etc.

City & State

Navarre, FL

City & State

Navarre, FL

4. FEI Number

59-3514935

Applied For

Not Applicable

Zip

32566

Country

Santa Rosa County

Zip

32566

Country

Santa Rosa County

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Aaron Tubb, CEO

Street Address (P.O. Box Number is Not Acceptable)

6555 Bellingham St.

City

Navarre

FL

Zip Code

32566

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

Aaron Tubb

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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 | CEO | <input type="checkbox"/> Delete |
| NAME | TUBE, AARON | |
| STREET ADDRESS | 220A CLARERDALE BLVD | |
| CITY-ST-ZIP | PACE FL 32547 | |
| TITLE | President | <input type="checkbox"/> Delete |
| NAME | SPRIGGS, JOHN | |
| STREET ADDRESS | 431 TRAY RD. | |
| CITY-ST-ZIP | FT. WALTON BEACH FL 32547 | |
| TITLE | Treasurer | <input type="checkbox"/> Delete |
| NAME | Tubb, Jennifer | |
| STREET ADDRESS | 6555 Bellingham St. | |
| CITY-ST-ZIP | Navarre, FL 32566 | |
| TITLE | Secretary | <input type="checkbox"/> Delete |
| NAME | Beth Athington | |
| STREET ADDRESS | 2552 Houston Circle | |
| CITY-ST-ZIP | Gulf Breeze, FL 32561 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------|------------------------------------------------------------------------------|
| TITLE | CEO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TUBB, Aaron | |
| STREET ADDRESS | 6555 Bellingham St. | |
| CITY-ST-ZIP | Navarre, FL 32566 | |
| TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | spiggs, John | |
| STREET ADDRESS | 2552 Houston Circle | |
| CITY-ST-ZIP | Gulf Breeze, FL 32561 | |
| TITLE | Treasur | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TUBB, Jennifer | |
| STREET ADDRESS | 6555 Bellingham St. | |
| CITY-ST-ZIP | Navarre, FL 32566 | |
| TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Beth Athington | |
| STREET ADDRESS | 2552 Houston Circle | |
| CITY-ST-ZIP | Gulf Breeze, FL 32561 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Aaron Tubb, Aaron Tubb CEO

4-26-00

850-964-5111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #