

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000056391**

1. Entity Name

PIKE INVESTMENTS, INC.**FILED**
Jun 19, 2002 8:00 am
Secretary of State

05-27-2002 90485 030 ***150.00

CR2E034 (9/01)

Principal Place of Business
C/O GEORGE SPARLING
7227 7TH PLACE NORTH
WEST PALM BEACH FL 33411

Mailing Address
C/O GEORGE SPARLING
7227 7TH PLACE NORTH
WEST PALM BEACH FL 33411



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0845139

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required, —

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPARLING, GEORGE
7227 7TH PLACE NORTH
WEST PALM BEACH FL 33411

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 re/instating)

4/30/02
DATE9. 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
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
SPARLING, GEORGE
7227 7TH PLACE NORTH
WEST PALM BEACH FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
HUDSON, DAVID
7227 7TH PLACE NORTH
WEST PALM BEACH FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/02
Date**561-615-4483**
Daytime Phone #