

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90136 020 ***150.00

DOCUMENT # P98000092547

1. Entity Name
I. PEARSON, P.A.



Principal Place of Business
**6229 HALYARD CT
ROCKLEDGE FL 32955**

Mailing Address
**6229 HALYARD CT
ROCKLEDGE FL 32955**

2. Principal Place of Business
1705 Ficus Pt. DR
Suite, Apt. #, etc.

3. Mailing Address
1705 Ficus Point DR.
Suite, Apt. #, etc.
MELBOURNE FL.
City & State

City & State
Melbourne FL
Zip
32940
Country
USA

City & State
Melbourne FL
Zip
32940
Country
USA

4. FEI Number
59-3547976

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PEARSON, ISABEL M
6229 HALYARD CT.
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1705 Ficus Pt. DR
City
Melbourne **FL** **32940**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Isabel Pearson*
(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE
1/23/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PVPS			
	PEARSON, ISABEL M	6229 HALYARD CT.	ROCKLEDGE FL 32955	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1705 Ficus Pt DR	Melbourne, FL 32940		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Isabel Pearson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
1/23/03
Daytime Phone #
321-536-6117

CR2E034 (10/02)