

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000051122**

1. Entity Name

PILGRIM MANAGEMENT, INC.**FILED****Apr 28, 2000 8:00 am**
Secretary of State

04-28-2000 90022 012 ***150.00

Principal Place of Business

Mailing Address

**MAYFLOWER HOUSE
LANGHAM RUTLAND.LE15 UHZ UK
OC****MAYFLOWER HOUSE
LANGHAM RUTLAND.LE15 UHZ UK
OC**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

392 W. OSCOLA ST**392 W. OSCOLA ST**

City & State

City & State

CLERMONT FL**CLERMONT FL**

Zip

Country

Zip

Country

34711**USA****34711****USA**

4. FEI Number

59-360-2714

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

**JORDAN, EDWARD P II
13543 E HWY 50
CLERMONT FL 34711**

Name

MICHAEL .A. ANKER

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

392 WEST OSCOLA STREET

City

CLERMONT

FL

Zip Code

34711

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

MICHAEL .A. ANKER (PRESIDENT)

(NOTE: Registered Agent signature required when reinstating)

DATE

10 APRIL 20009. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	ANKER, DEBORAH	MAYFLOWER HOUSE	LANGHAM RUTLAND,LE15 UHZ UK	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	D	ANKER, MICHAEL	MAYFLOWER HOUSE	LANGHAM RUTLAND,LE15 UHZ UK	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 MICHAEL .A. ANKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 APRIL 2000 144-1572 756577

Date

Daytime Phone #