

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90039 048 \*\*\*150.00

**DOCUMENT # P99000051122**

1. Entity Name  
**PILGRIM MANAGEMENT, INC.**

Principal Place of Business <b>MAYFLOWER HOUSE</b> <b>392 W OSCEOLA STREET</b> <b>CLERMONT FL 34711</b> <b>OC</b>	Mailing Address <b>MAYFLOWER HOUSE</b> <b>392 W OSCEOLA STREET</b> <b>CLERMONT FL 34711</b> <b>OC</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1153 10TH STREET SUITE B</b> Suite, Apt. #, etc. <b>SUITE B</b> City & State <b>CLERMONT FLORIDA</b> Zip <b>34711</b> Country <b>USA</b>	3. Mailing Address <b>505 AVENUE A. NW</b> Suite, Apt. #, etc. <b>SUITE 102</b> City & State <b>WINTER HAVEN FLORIDA</b> Zip <b>33881-4626</b> Country <b>USA</b>
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4. FEI Number <b>59-3602714</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <del>ANKER, MICHAEL A</del> <del>392 WEST OSCEOLA STREET</del> <del>CLERMONT FL 34711</del>	7. Name and Address of New Registered Agent Name <b>MICHAEL ANKER, GOVERNOR, HARDING &amp; ASS.</b> Street Address (P.O. Box Number is Not Acceptable) <b>505 AVENUE A. NW SUITE 102</b> City <b>WINTER HAVEN FL</b> Zip Code <b>33881-4626</b>
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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]* **MICHAEL ANKER - PRESIDENT** DATE **26 JAN 2002**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANKER, DEBORAH</b> <b>MAYFLOWER HOUSE</b> <b>LANGHAM RUTLAND, LE15 UHZ UK</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANKER, MICHAEL</b> <b>MAYFLOWER HOUSE</b> <b>LANGHAM RUTLAND, LE15 UHZ UK</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **MICHAEL ANKER** DATE **26 JAN 2002** DAYTIME PHONE # **1572 756571**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)