

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90108 016 \*\*\*150.00

**DOCUMENT # P99000051122**

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



**Principal Place of Business**  
**1153 10 STREET**  
**SUITE B**  
**CLERMONT FL 34711**  
**OC**

**Mailing Address**  
**1153 10 STREET**  
**SUITE B**  
**CLERMONT FL 34711**  
**OC**

**2. Principal Place of Business**  
**22 W. MONUMENT AVE.**

**Suite, Apt. #, etc.**  
**LIFESTYLE SUITE**

**City & State**  
**KISSIMEE FL**

**Zip**  
**34741**

**Country**  
**USA**

**3. Mailing Address**  
**22 W. MONUMENT AVE**

**Suite, Apt. #, etc.**  
**LIFESTYLE SUITE**

**City & State**  
**KISSIMEE FL**

**Zip**  
**34741**

**Country**  
**USA**



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **59-3602714**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**MICHAEL ANKER GOVANI HARDING ASS**  
**505 AVENUE A NW SUITE 102**  
**WINTER HAVEN FL 33881**

**7. Name and Address of New Registered Agent**

**Name** **MICHAEL ANKER / ALAN SNEHLING**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**22 WEST MONUMENT AVENUE**  
**LIFESTYLE SUITE**  
**City** **KISSIMEE FL** **Zip Code** **34741**

**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** **MICHAEL A. ANKER**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**14 MARCH 2003**

**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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ Delete  
**NAME** **ANKER, DEBORAH**  
**STREET ADDRESS** **MAYFLOWER HOUSE**  
**CITY-ST-ZIP** **LANGHAM RUTLAND, LE15 UHZ UK**

**TITLE** **D** ☐ Delete  
**NAME** **ANKER, MICHAEL**  
**STREET ADDRESS** **MAYFLOWER HOUSE**  
**CITY-ST-ZIP** **LANGHAM RUTLAND, LE15 UHZ UK**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:** **SIGNATURE MICHAEL A. ANKER** **03/14/2003** **407-343-0687**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)