2001 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2001 8:00 am DOCUMENT # V491781 **Secretary of State** 1. Entity Name 03-29-2001 91008 016 ***150.00 PEARSON TILE & MARBLE, FINC. Principal Place of Business Mailing Address 6741 NW 26th Wav 2301 E. Las Olas Ft. Lauderdale, Fl 33301 Ft. Lauderdale, Fl 33309 C0038586 2. Principal Place of Business SAME 3. Mailing Address SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0337875 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent PEARSON, JEFFREY L. 6741 NW 26th WAY Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE, FL 33309 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (11/00) TITLE TITLE Change ☐ Addition □ Delete NAME NAME JEFFREY L. PEARSON STREET ADDRESS STREET ADDRESS 6741 NW 26TH WAY CITY-ST-ZIP CITY-ST-ZIP <u>FT. LAUDERDALE, FL 33309</u> TITLE ☐ Delete TITLE ☐1 Change ☐ Addition **VP** NAME NAME JACK PEARSON STREET ADDRESS STREET ADDRESS 2301 E LAS OLAS BLVD. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE, FL 33301 Addition TITLE Delete TITLE : Change NAME NAME SHULMISTER, M. ROSS STREET ADDRESS STREET ADDRESS 3081 EAST COMMERCIAL BLVD. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE, FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition ☐ Channe STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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

HON SOME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-01

FILED

(954)917-3443