

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90168 021 \*\*\*158.75

**DOCUMENT # H44461**

1. Entity Name  
**KEVIN PEARCE & CO., INC.**



Principal Place of Business  
**150 COUNTY RD 546 W**  
~~P O BOX 1477~~  
**LAKE HAMILTON FL 33851**  
US

Mailing Address  
**P.O. BOX 1477**  
**P O BOX 1477**  
**HAINES CITY FL 33845-1477**  
US

**11009880**



2. Principal Place of Business

*Same*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2504487**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

**PEARCE, KEVIN E.**  
**150 WEST STATE ROAD 546**  
**LAKE HAMILTON FL 33851**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City, **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kevin Pearce*

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4-11-03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE - NAME, STREET ADDRESS, CITY-ST-ZIP	DP <b>PEARCE, KEVIN E.</b> <b>56 SKIDMORE RD</b> <b>WINTER HAVEN FL</b>	<input type="checkbox"/> Delete
TITLE - NAME, STREET ADDRESS, CITY-ST-ZIP	D <b>PEARCE, WARREN E.</b> <b>2512 CREST DR</b> <b>HAINES CITY FL</b>	<input checked="" type="checkbox"/> Delete
TITLE - NAME, STREET ADDRESS, CITY-ST-ZIP	D <b>PEARCE, PATTY J.</b> <b>2512 CREST DR</b> <b>HAINES CITY FL</b>	<input type="checkbox"/> Delete
TITLE - NAME, STREET ADDRESS, CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE - NAME, STREET ADDRESS, CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE - NAME, STREET ADDRESS, CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE - NAME, STREET ADDRESS, CITY-ST-ZIP	<b>PRESIDENT</b> <b>PEARCE, KEVIN E.</b> <b>PO BOX 1477</b> <b>HAINES CITY, FL 33845</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME, STREET ADDRESS, CITY-ST-ZIP	<b>V.P.</b> <b>PEARCE, SUSAN H.</b> <b>PO BOX 1477</b> <b>HAINES CITY, FL 33845</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE - NAME, STREET ADDRESS, CITY-ST-ZIP	<b>SEC.</b> <b>PEARCE, PATTY J.</b> <b>PO BOX 1477</b> <b>HAINES CITY, FL 33845</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME, STREET ADDRESS, CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME, STREET ADDRESS, CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME, STREET ADDRESS, CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kevin Pearce* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-11-03** DAYTIME PHONE # **863-439-7691**

CR2E034 (10/02)