

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90391 049 ***150.00

DOCUMENT # P93000003608


1. Entity Name
PIERSON HEATING, AIR CONDITIONING & ELECTRICAL C

Principal Place of Business --- JONES RD JACKSONVILLE FL 32220	Mailing Address P O BOX 10234 JACKSONVILLE FL 32247-0234
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3157903	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

~~DUPLICATE~~



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PIERSON, DAVID M
2004 JONES RD
JACKSONVILLE FL 32220

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. 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	
TITLE P	<input type="checkbox"/> Delete
NAME PIERSON, DAVID M	
STREET ADDRESS 2004 JONES RD	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE VP	<input type="checkbox"/> Delete
NAME PIERSON, CHARLES W	
STREET ADDRESS 2004 JONES RD	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE ST	<input type="checkbox"/> Delete
NAME PIERSON, NANCY G	
STREET ADDRESS 2004 JONES RD	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE ASVP	<input type="checkbox"/> Delete
NAME PIERSON, DAVID M	
STREET ADDRESS 2004 JONES ROAD	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(f), 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: Nancy G Pierson Date: 4/24/00 Daytime Phone #: 904-448-2665

CR2E034 (9/99)