

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90134 010 ***150.00

0036958 AV

DOCUMENT # P93000003608

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



Principal Place of Business
**2004 JONES RD
JACKSONVILLE FL 32220**

Mailing Address
**P O BOX 10234
JACKSONVILLE FL 32247-0234**

90106291



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **59-3157903**

Applied For
 Not Applicable

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

**PIERSON, DAVID M
2004 JONES RD
JACKSONVILLE FL 32220**

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

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	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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE:

David M. Pierson **David M. Pierson** 4/25/03 904-448-2665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)