

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90050 042 ***150.00

DOCUMENT # 560896

1. Entity Name

PIER COFFEE SHOP, INC.

Principal Place of Business

**2 COMMERCIAL BLVD
 LAUD BY SEA FL 33308**

Mailing Address

**2 COMMERCIAL BLVD
 LAUD BY SEA FL 33308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1811857

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

~~CALDERONE, ANTHONY SR.~~
~~2 COMMERCIAL BLVD~~
~~LAUDERDALE BY THE SEA FL 33308~~

7. Name and Address of New Registered Agent

Name

RON CALDERONE

Street Address (P.O. Box Number is Not Acceptable)

1051 Hillsboro Mile

City

Hillsboro, FL 33062 FL

Zip Code

33062

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

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

(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, 2002 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

T
 PISARZEWSKI, NANCY
 4732 NE 17 TERRACE
 OAKLAND PARK FL 33334 ☐ Delete

V
 CALDERONE, ANTHONY, JR
 4341 EL MAR DRIVE
 LAUD BY THE SEA, FL00000 ☐ Delete

~~P.
 CALDERONE, ANTHONY SR.
 4341 EL MAR DRIVE
 LAUD BY THE SEA, FL00000~~ ☐ Delete

P
 RON CALDERONE
 1051 Hillsboro Mile
 Hillsboro, FL 33062 ☐ Delete

☐ Delete

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02 954-776-1690

Date

Daytime Phone #

0309324 AV

CR2E034 (9/01)