

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007568

1. Entity Name

MARK PIERSON SALES, L.L.C.

FILED

01 FEB -7 AM 7:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4865 SAWYER ROAD
SARASOTA FL 34233

Mailing Address

4865 SAWYER ROAD
SARASOTA FL 34233

2. Principal Place of Business

1919 Buccaneer Drive

Suite, Apt. #, etc.

3. Mailing Address

1919 Buccaneer Drive

Suite, Apt. #, etc.

City & State

Sarasota Florida

City & State

Sarasota, Florida

4. FEI Number

65-1023548

Applied For

Not Applicable

Zip

34231

Country

Zip

34231

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOGREVE, BRADLEY W ESQ.
3700 S. TAMiami TRAIL, SUITE 201
SARASOTA FL 34239

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM
STREET ADDRESS PIERSON, MARK
CITY-ST-ZIP 1919 BUCCANEER DRIVE
SARASOTA FL 34231 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 800003675508--2
CITY-ST-ZIP -02/13/01--01008--010

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00
CITY-ST-ZIP *****50.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Mark Pierson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02/01/01

Date

941-924-8803

Daytime Phone #

CR2E083 (11/00)