

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90006 018 ****50.00

DOCUMENT # L01000007673

1. Entity Name
PIERCE COMMUNICATIONS, LLC

Principal Place of Business Mailing Address
6699 SE SOUTH MARINA WAY 6699 SE SOUTH MARINA WAY
STUART FL 34996 STUART FL 34996

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

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1113506** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAFT, STUART J ESQ.
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name **STUART J. HAFT, ESQ.**
 Street Address (P.O. Box Number is Not Acceptable)
40 Alley Maass Rogers & Lindsay
321 Royal Poinciana Plaza South
 City **Palm Beach** FL Zip Code **33480**

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 **STUART J HAFT** 01/12/2002
 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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **PIERCE, RONALD D**
 STREET ADDRESS **6699 SE SOUTH MARINA WAY**
 CITY-ST-ZIP **STUART FL 34996**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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TITLE ☐ Change ☐ Addition
 NAME
 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: **SIGNATURE REQUIRED**

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

1/15/02 561 225-4032
 Date Daytime Phone #

CR2E083 (9/01)