2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000021674

1. Entity Name

PEIRCE GRAPHIC SERVICES, LLC

Principal Place of Business	Mailing Address
10 CENTRAL PARKWAY SUITE 220 STUART FL 34994	10 CENTRAL PARKWAY SUITE 220 STUART FL 34994

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country

4. FEI Number 80-0008301 | Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRECHBILL, MARK E CPA 506 S. FEDERAL HIGHWAY SUITE 202 STUART FL 34994	Name Street Address (P.O. Box Number is Not Acceptable) 215 S. Federal Hwy. Suite 100 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 _____

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME PEIRCE, GARY STREET ADDRESS 696 S.W. WHISPER RIDGE TRAIL CITY-ST-ZIP PALM CITY FL 34990	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE MGRM NAME PEIRCE, LINDA STREET ADDRESS 696 S.W. WHISPER RIDGE TRAIL CITY-ST-ZIP PALM CITY FL 34990	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (4/02)

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: Gary W. Peirce   9/16/02   772-220-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #