FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01272 1. Entity Name PEIRCE & ASSOCIATES, INC.						Feb 25, 2002 8:00 am Secretary of State 02-25-2002 90079 004 ***150.00				
Principal Place of Business 915 OLD DIXIE HWY SW VERO BEACH FL 32962		Mailing Address 915 OLD DIXIE HWY SW VERO BEACH FL 32962				1 100 LOOK ON		1 445 44 810 14 6 7	1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (
2. Principal F	Place of Business	3. Mailing Address)	i Albir Birir Af		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	e	City & State			4. F	El Number 65-0132731		_ 	plied For t Applicable	
Zìp	Country	Zip	Countr	у	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						
HENDRIX, C. KENNON, ESQ. 1443 20TH STREET SUITE F				Street Address (P.O. Box Number is Not Acceptable)						
VERO BEACH FL 32960			-	City			FL	Zip Code	,	
8. The above	named entity submits this statement for Signature, typed or printed name of registered agent			d office or reg	_		da.			
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! After May 1, 2002	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sto			Election Campaign Finan Trust Fund Contribution.		\$5.04 Added	0 May Be to Fees	
11.	OFFICERS AND		12.		ADI	DITIONS/CHANGES TO OFFICE	ERS AND D	IRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIBO, WILLIAM A 915 OLD DIXIE HWY SW VERO BEACH FL	☐ Delete	NAME STREET	TADORESS ST-ZIP			(Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEIRCE, MARK D. 915 OLD DIXIE HWY SW VERO BEACH FL	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP		,		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PEIRCE, DALE E. 915 OLD DIXIE HWY SW VERO BEACH FL	☐ Delete	TITLE NAME STREET CITY-S	ADORESS ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PEIRCE, GARY S. 915 OLD DIXIE HWY SW VERO BEACH FL	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS			[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP			Γ	Change	Addition	

13. I hereby certify that the information supplied with this filling 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

Peirce 2/11/02 561-567.1402