

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90201 042 \*\*\*150.00

**DOCUMENT # P00000026454**

1. Entity Name

**PIERCE BROTHERS LAWN AND LANDSCAPING, INC.**

Principal Place of Business

**250 E. PROSPECT ROAD  
 APT. EAST  
 OAKLAND PARK FL 33334**

Mailing Address

**250 E. PROSPECT ROAD  
 APT. EAST  
 OAKLAND PARK FL 33334**

**C0066609**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**310 NE 59th Court**

Suite, Apt. #, etc.

3. Mailing Address

**310 NE 59th Court**

Suite, Apt. #, etc.

City & State

**Oakland Park, FL**

City & State

**Oakland Park, FL**

Zip

**33334**

Country

**Broward**

Zip

**33334**

Country

**Broward**

4. FEL Number

**65-0988562**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PIERCE, JOHN F  
 250 E. PROSPECT ROAD  
 APT. EAST  
 OAKLAND PARK FL 33334**

7. Name and Address of New Registered Agent

Name

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

**310 NE 59th Court**

City

**Oakland Park**

FL

Zip Code

**33334**

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, 2001 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PIERCE, TROY D	
STREET ADDRESS	250 E. PROSPECT ROAD, APT. EAST	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PIERCE, JOHN F	
STREET ADDRESS	250 E. PROSPECT ROAD, APT. EAST	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	310 NE 59th Court	
CITY-ST-ZIP	Oakland Park, FL 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *John F. Pierce*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/01 954-491-8029**

Date

Daytime Phone #

CR2E034 (10/00)