

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90377 009 \*\*\*150.00

0079803 AV

**DOCUMENT # P00000070370**

1. Entity Name  
**ST. JOHNS SPORTSMAN-LEGAL SUPPORT SYSTEMS, INC.**



Principal Place of Business  
**340 SO. BEACH ST. — 340 S. BEACH**  
DAYTONA BEACH FL 32114

Mailing Address  
P.O. BOX 4676  
DELAND FL 32124

**11038554**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3664361**

Applied For  
Not Applicable

Zip Country

Zip Country

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

PIERCE, M L  
~~1450 PERIWINKLE AVE~~  
DELAND FL 32720

**1450 PERIWINKLE  
DELAND, FL  
32724**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPTS**  
NAME **LACOUR-PIERCE, MARIA R**  
STREET ADDRESS **1450 PERIWINKLE AVE**  
CITY-ST-ZIP **DELAND FL 32724**  
*\*CORRECT SPELLING & ADDRESS #*

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_  
 Change  Addition

TITLE **DV**  
NAME **PIERCE, C WALTER II**  
STREET ADDRESS **1450 PERIWINKLE AVE**  
CITY-ST-ZIP **DELAND FL 32724**  
*\*CORRECT ADDRESS #*

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_  
 Change  Addition

TITLE **D**  
NAME **JACKSON-CESAR, SARA C**  
STREET ADDRESS **1429 PERIWINKLE AVE.**  
CITY-ST-ZIP **DELAND FL 32724**

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_  
 Change  Addition

TITLE \_\_\_\_\_  
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CITY-ST-ZIP \_\_\_\_\_  
 Change  Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria R. Lacour-Pierce* **386-804-8920**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/02)