

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PG0000094819

1. Entity Name
S PIERRE, INC.

Principal Place of Business
4470 WEEPING WILLOW CIRCLE
CASSELBERRY FL 32707

Mailing Address
4470 WEEPING WILLOW CIRCLE
CASSELBERRY FL 32707

2. Principal Place of Business

5703 Red Bug Lake Rd
Suite, Apt. #, etc.
#303

3. Mailing Address

5703 Red Bug Lake Rd
Suite: Apt. #, etc.
303

City & State
Winter Springs FL

City & State
Winter Springs FL

Zip
32708

Country
USA

Zip
32708

Country
USA

4. FEI Number
59-3676843

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIERRE, SHARON
4470 WEEPING WILLOW CIRCLE
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name SHARON B. PIERRE
Street Address (P.O. Box Number is Not Acceptable)
5703 Red Bug Lake Rd
#303
City Winter Springs FL Zip Code 32708

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 Sharon B. Pierre

(NOTE: Registered Agent signature required when reinstating)

4/12/01

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 PRESIDENT
NAME Sharon B. Pierre
STREET ADDRESS 5703 Red Bug Lake Rd, #303
CITY-ST-ZIP Winter Springs FL 32708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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: Sharon B. Pierre / SHARON PIERRE 4/12/01 407-474-6653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 21, 2001 8:00 am
Secretary of State

04-17-2001 90136 030 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)