

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2003 8:00 am
Secretary of State

08-28-2003 90066 016 ***550.00

DOCUMENT # P01000016474

1. Entity Name
THOMAS-PIERCE & COMPANY, INC.



Principal Place of Business
**3522 THOMASVILLE RD. STE 301
TALLAHASSEE FL 32308**

Mailing Address
**3522 THOMASVILLE RD. STE 301
TALLAHASSEE FL 32308**



2. Principal Place of Business
3500 Financial Plaza

3. Mailing Address
3500 Financial Plaza

Suite, Apt. #, etc.
4th Floor

Suite, Apt. #, etc.
4th Floor

City & State
Tallahassee FL

City & State
Tallahassee FL

4. FEI Number **31-1753419**

Applied For
Not Applicable

Zip **32312** Country **USA**

Zip **32312** Country **USA**

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIAMANTIS, CHRISTOPHER E
3522 THOMASVILLE RD, STE 301
TALLAHASSEE FL 32308**

Name

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

3500 Financial Plaza, 4th Floor

Tallahassee

City

FL

Zip Code

32312

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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 **D** ☒ Delete
NAME **COLEMAN, SEAN J**
STREET ADDRESS **5871 GLEN RIDGE DR SUITE 475**
CITY-ST-ZIP **ATLANTA GA 30328**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DIAMANTIS, CHRISTOPHER E**
STREET ADDRESS **3522 THOMASVILLE RD, STE 301**
CITY-ST-ZIP **TALLAHASSEE FL 32309**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3500 Financial Plaza, 4th Floor**
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **P** ☐ Delete
NAME **BALLMAN, KYLE M**
STREET ADDRESS **3522 THOMASVILLE RD SUITE 301**
CITY-ST-ZIP **TALLAHASSEE FL 32309**

TITLE ☒ Change ☐ Addition
NAME **BOLLMAN**
STREET ADDRESS **3500 Financial Plaza, 4th Floor**
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kyle M. Bollman, Pres. 8/27/03 890-444-4957

Date

Daytime Phone #

CR2E034 (4/03)