

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2002 8:00 am
Secretary of State

01-30-2002 90107 033 ***150.00

DOCUMENT # P01000029266

1. Entity Name

PIERCE EXPRESS INC.

Principal Place of Business

1510 LANCASTER AVE.
LEESBURG FL 34748

Mailing Address

1510 LANCASTER AVE.
LEESBURG FL 34748

2. Principal Place of Business

Pierce Express Inc. P.O. Box 491705
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Leesburg FLA.

City & State

Leesburg FLA.

4. FEI Number

262-75-3483

Applied For

Not Applicable

Zip

34748

Country

Lake

Zip

34748

Country

Lake

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

6. Name and Address of Current Registered Agent

GILMER, TONY L.
1510 LANCASTER AVE.
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name: Tony L. Gilmer
 Street Address (P.O. Box Number is Not Acceptable): 2112 Park View Ave
 P.O. Box 491705
 City: Leesburg FL Zip Code: 34748

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME	D GILMER, TONY L	☐ Delete
STREET ADDRESS CITY-ST-ZIP	1510 LANCASTER AVE. LEESBURG FL 34748	
TITLE NAME	D GILMER, SARAH W	☐ Delete
STREET ADDRESS CITY-ST-ZIP	1510 LANCASTER AVE. LEESBURG FL 34748	
TITLE NAME	D GILMER, LOUIS JR.	☒ Delete
STREET ADDRESS CITY-ST-ZIP	1510 LANCASTER AVE. LEESBURG FL 34748	
TITLE NAME		☐ Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-9-2002 352-435-0825

CR2034 (4/02)