FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAR -5 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000032889

1. Entity Name
Pierce Brothers Land Leveling Inc.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 02 03
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
435 Trader Road	P.O. BOX 2211
Suite, Apt. #, etc. n/a	Suite, Apt. #, etc. N/a
City & State LaBelle, Florida	City & State LaBelle, Florida
Zip 33935 Country U.S.A	Zip 33975 Country U.S.A

4. FEI Number none ☐ Applied For ☒ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Owen L. Luckey, Jr.

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

415 Trader Road

City LaBelle FL Zip Code 33935

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: Owen L. Luckey, Jr. 2/18/03
(If changing Registered Agent, signature required where indicated) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director-President-Secretary-Treasurer, Ted Pierce 435 Trader Road, LaBelle, Fl 33975
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director-Vice President Marion L. Pierce 4020 Ft. Keis Ave., LaBelle, Fl 33935
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ted Pierce 2/18/03 863-673-2789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #