

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90146 028 ***150.00

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DOCUMENT # P02000027209

1. Entity Name
PIERCE HEATING & COOLING, INC.



Principal Place of Business
2004 JUNIPER AVE.
PORT ST. LUCIE FL 32456

Mailing Address
2004 JUNIPER AVE.
PORT ST. LUCIE FL 32456



2. Principal Place of Business
2004 JUNIPER AVENUE

3. Mailing Address
2004 JUNIPER AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PORT ST. JOE, FLORIDA

City & State
PORT ST. JOE, FLORIDA

4. FEI Number
04-3626762

Applied For
Not Applicable

Zip Country
32456 GULF

Zip Country
32456 GULF

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, BRENT
2004 JUNIPER AVE.
PORT ST. LUCIE FL 32456

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, BRENT 2004 JUNIPER AVE. PORT ST. LUCIE FL 32456	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, RHONDA 2004 JUNIPER AVE. PORT ST. LUCIE FL 32456	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	2004 JUNIPER AVENUE PORT ST. JOE, FLORIDA 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Rhonda Pierce* **REQUIRE RHONDA PIERCE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/03 **(850) 229-2665**
Date Daytime Phone #

CR2E034 (10/02)