

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90224 030 ***150.00

DOCUMENT # P94000050438

1. Entity Name
PIERI-BURNS & ASSOCIATES, INC.



Principal Place of Business
3276 HYDE PARK DRIVE
CLEARWATER FL 34621-1813

Mailing Address
3276 HYDE PARK DRIVE
CLEARWATER FL 34621-1813

10026371



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip
33761-1813

Country

Zip
33761-1813

Country

4. FEI Number
59-3259786

Applied For
Not Applicable

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

PIERI, BETTY BURNS
3276 HYDE PARK DRIVE
CLEARWATER FL 34621-1813

Name

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

City

FL Zip Code
33761-1813

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]*
Signature, typed or printed name of registered agent and if not applicable

BETTY B. PIERI
FRANCIS L. PIERI, JR

(NOTE: Registered Agent signature required when reinstating)

04 Jan 03
04 Jan 2003
DATE

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
P
PIERI, FRANCIS L JR
3276 HYDE PARK DR
CLEARWATER FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTS
PIERI, BETTY B
3276 HYDE PARK DR
CLEARWATER FL ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *[Signature]* **FRANCIS L. PIERI, JR**

BETTY B. PIERI **BETTY B. PIERI**

04 Jan 2003

727-785-3665

Date

Daytime Phone #

04 Jan 03

727-785-3665

CR2E034 (10/02)