

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004909

1. Entity Name  
PIERCE AND ASSOCIATES A FLORIDA, CORP.Principal Place of Business  
2301 COLLINS AVE.  
A 337  
MIAMI BEACH FL 33139  
USMailing Address  
2301 COLLINS AVE.  
A 337  
MIAMI BEACH FL 33139  
US2. Principal Place of Business  
Suite, Apt. #, etc.3. Mailing Address  
Suite, Apt. #, etc.4. FEI Number  
65-0635485  
Applied For  
Not Applicable

City &amp; State

City &amp; State

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

Zip Country

Zip

Country

04-03-2002 90495 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

PIERZCHAJLO, STAN  
2301 COLLINS AVE.  
A 337  
MIAMI BEACH FL 33139

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.

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 \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE PVPS  Delete  
NAME PIERZCHAJLO, STAN T  
STREET ADDRESS 2301 COLLINS AVE., A 337  
CITY-ST-ZIP MIAMI BEACH FL 33139

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
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.

305

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-02 695-4040

Date

Daytime Phone #

CR2E034 (9/01)