

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90179 034 ***150.00

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DOCUMENT # P97000066715

1. Entity Name
PIERCE PEST GUARD EXTERMINATING, INC.



Principal Place of Business
273 SE NORFOLK BLVD
STUART FL 34997
US

Mailing Address
PO B 3048
STUART FL 34997
US



2. Principal Place of Business

3. Mailing Address

273 SE. NORFOLK BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

STUART FL.

4. FEI Number 65-0772306

Applied For

Not Applicable

Zip

Country

Zip

Country

34997

MARTIN

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, ROBERT E
273 SE NORFOLK BOULEVARD
STUART FL 34997

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 *Robert E. Pierce*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-03

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 **D** ☐ Delete
NAME **PIERCE, ROBERT E**
STREET ADDRESS **4830 SE EBBTIDE AVENUE**
CITY-ST-ZIP **STUART FL 34997**

TITLE **P-D** ☒ Change ☐ Addition
NAME **Robert E. Pierce**
STREET ADDRESS **273 SE. NORFOLK BLVD**
CITY-ST-ZIP **STUART FL 34997**

TITLE **D** ☒ Delete
NAME **PIERCE, MICHELLE**
STREET ADDRESS **4830 SE EBBTIDE AVENUE**
CITY-ST-ZIP **STUART FL 34997**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Robert E. Pierce*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-03

Date

772-288-6856

Daytime Phone #

CR2E034 (10/02)