

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91453 024 ***150.00

DOCUMENT # P98000023012

1. Entity Name
SERVICES BY PEARCE, INC.



Principal Place of Business
**2431 WHALE HARBOR LANE
FT LAUDERDALE, FL 33312**

Mailing Address
**2431 WHALE HARBOR LANE
FT LAUDERDALE, FL 33312**

JUL 16 2003



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0823429**
Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**PEARCE, ANKER
2431 WHALE HARBOR LANE
FT LAUDERDALE, FL 33312**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

(NOTE: Registered Agent's signature required when missing)

DATE

FILE AND FILING FEE IS \$180.00
After May 1, 2003 Fee will be \$650.00
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 Delete
NAME **PEARCE, ANKER**
STREET ADDRESS **2431 WHALE HARBOR LANE**
CITY-ST-ZIP **FT LAUDERDALE, FL 33312**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **PEARCE, KATHLEEN M**
STREET ADDRESS **2431 WHALE HARBOR LANE**
CITY-ST-ZIP **FT LAUDERDALE, FL 33312**

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)(1), 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: *Anker Pearce* **Anker Pearce VP** **4/30/03** **954 584-2293**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)