

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044061

1. Entity Name

PIERSON & COMPANY, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90025 032 ***150.00

Principal Place of Business

Mailing Address

3903 W. CAYUGA STREET
TAMPA FL 33614

3903 W. CAYUGA STREET
TAMPA FL 33614-7048

2. Principal Place of Business

4611 N. Grady Ave.

3. Mailing Address

4611 N. Grady Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL.

City & State

TAMPA, FL.

4. FEI Number

59-3510411

Applied For

Not Applicable

Zip

33614

Country

US

Zip

33614

Country

U-S

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

PIERSON, LINDA M
3903 W CAYUGA ST
TAMPA FL 33614

Name

Linda M. Pierson

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

4611 N. Grady Ave.

City

TAMPA

FL

Zip Code

33614

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

Linda M. Pierson

3/03/2000

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PERSON, LINDA M	
STREET ADDRESS	3903 W. CAYUGA STREET	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIERSON, HENRY	
STREET ADDRESS	3903 W. CAYUGA STREET	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4611 N. Grady Ave.
CITY-ST-ZIP	TAMPA, FL. 33614
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4611 N. Grady Ave.
CITY-ST-ZIP	TAMPA, FL. 33614
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

Linda M. Pierson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/03/2000 813-920-1267

Date

Daytime Phone #

CR2E034 (9/99)