

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2001 8:00 am
Secretary of State

07-20-2001 90003 014 ***550.00

0087042 AV

DOCUMENT # P98000044061

1. Entity Name

PIERSON & COMPANY, INC.

Principal Place of Business

**4611 N GRADY AVE
TAMPA FL 33614**

Mailing Address

**4611 N GRADY AVE
TAMPA FL 33614**

2. Principal Place of Business

3903 W. CAYUGA Ave.

Suite, Apt. #, etc.

3. Mailing Address

9415 KEYSTONE PLACE

Suite, Apt. #, etc.

City & State

TAMPA, FL.

City & State

Odessa, FL.

4. FEI Number

59-3510411

Applied For

☐ Not Applicable

Zip

33614

Country

US

Zip

33556

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**PIERSON, LINDA M
4611 N GRADY AVE
TAMPA FL 33614**

7. Name and Address of New Registered Agent

Name

Linda M. Pierson

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

9415 KEYSTONE PLACE

City

Odessa, FL 33556

FL

Zip Code

33556

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, Pres.

7/15/2001

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **D** ☐ Delete
 NAME **PERSON, LINDA M**
 STREET ADDRESS **4611 N GRADY AVE**
 CITY-ST-ZIP **TAMPA FL 33614**

TITLE **D** ☐ Delete
 NAME **PIERSON, HENRY**
 STREET ADDRESS **4611 N GRADY AVE**
 CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **Pierson, Linda M**
 STREET ADDRESS **9415 KEYSTONE PLACE**
 CITY-ST-ZIP **Odessa, FL. 33556**

TITLE **D** ☒ Change ☐ Addition
 NAME **Pierson, Henry**
 STREET ADDRESS **9415 KEYSTONE PLACE**
 CITY-ST-ZIP **Odessa, FL. 33556**

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

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

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

TITLE ☐ 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.

SIGNATURE:

Linda M. Pierson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/2001

Date

813-920-1267

Daytime Phone #

CR2E034 (5/01)