

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90221 003 \*\*\*150.00

0300845  
AV

**DOCUMENT # P98000085534**

1. Entity Name  
**PIERCE PEST CONTROL, INC.**



Principal Place of Business  
**10835 SW 89 STREET  
MIAMI FL 33176**

Mailing Address  
**10835 SW 89 STREET  
MIAMI FL 33176**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0870369**

Applied For  
Not Applicable

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

**CALLAHAN, J.R.  
249 WESTWARD DRIVE  
MIAMI SPRINGS FL 33166**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **PTD** ☐ Delete  
NAME **PIERCE, MARVIN**  
STREET ADDRESS **10835 SW 89 STREET**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **V-D** ☒ Change ☐ Addition  
NAME **Pierce, Marvin**  
STREET ADDRESS **10835 SW 89 Street**  
CITY-ST-ZIP **Miami, FL 33176**

TITLE **VDS** ☐ Delete  
NAME **MARTIN, STEVE**  
STREET ADDRESS **10310 SW 136TH CT**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **P - D** ☒ Change ☐ Addition  
NAME **Martin, Steve**  
STREET ADDRESS **10310 SW 136 Court**  
CITY-ST-ZIP **Miami, FL 33186**

TITLE **VP** ☒ Delete  
NAME **TAB ALLEN, BEVERLY**  
STREET ADDRESS **15301 SW 83 AVE**  
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **S-D** ☐ Change ☒ Addition  
NAME **Pierce, Mary Susan**  
STREET ADDRESS **10835 SW 89 Street**  
CITY-ST-ZIP **Miami, FL 33176**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T-D** ☐ Change ☒ Addition  
NAME **Martin, Tamra Lynn**  
STREET ADDRESS **10310 SW 136 Court**  
CITY-ST-ZIP **Miami, FL 33186**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E034 (10/02)

Attachment  
80119848

**LAW OFFICE OF J.R. CALLAHAN**

249 WESTWARD DRIVE  
MIAMI SPRINGS, FL 33166  
TELEPHONE 305/887-7899  
FACSIMILE: 305/887-1547

May 16, 2003

Division of corporations  
Uniform Business Report Filing  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: Pierce Pest Control, Inc.  
Document # P98000085534

Dear Sir or Madam:

Attached please find the UBR in connection with the above referenced corporation. Please let this service as my request that the late fee be waived. Mr. Pierce has been critically ill and unable to attend to this matter. I thank you for any courtesy you may be able to extend to my client. Please direct any further correspondence to the office of the undersigned.

Very truly yours,



J. R. Callahan

JRC/sl  
Attached