

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105372

Entity Name
PIERCE & LEMONIDIS, P.A.

Principal Place of Business 709 S. HARBOR CITY BLVD. MELBOURNE FL 32901	Mailing Address 709 S. HARBOR CITY BLVD. MELBOURNE FL 32901
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FILED
SECRETARY OF STATE
CORPORATIONS

00 NOV 17 AM 10:48

2. Principal Place of Business Suite, Apt. #, etc. Suite 230		3. Mailing Address Suite, Apt. #, etc. Suite 230	
City & State		City & State	
Zip	Country	Zip	Country



REINSTATEMENT (DO NOT WRITE IN THIS SPACE)

4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST., STE. 1 TALLAHASSEE FL 32302		7. Name and Address of New Registered Agent Name Julie E. Clacker Pierce Street Address (P.O. Box Number is Not Acceptable) 709 S. Harbor City Blvd Suite 230 City Melbourne FL Zip Code 32901	

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 *Julie E. Clacker Pierce* **Julie E. Clacker Pierce** **8-24-00**
(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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, JULIE 1090 N. HWY. A1A INDIAN LANTIC FL 32903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Julie Pierce 709 S. Harbor City Blvd, Ste 230 Melbourne FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robin Lemonidis 709 S. Harbor City Blvd, Ste 230 Melbourne FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003496955-5 -12/12/00-01045-029 ***750.00 ***750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: *Julie E. Clacker Pierce* **AD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **8-24-00** **321-728-4955**
Date Daytime Phone #

CR2E034 (5/00)