

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

DOCUMENT # P99000105372

1. Entity Name

PIERCE & LEMONIDIS, P.A.

FILED

02 MAY -7 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

709 S. HARBOR CITY BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 230

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

City & State

Zip

32901

Country

USA

Zip

Country

4. FEI Number

59-3754734

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ROBIN C. LEMONIDIS

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

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

ROBIN C. LEMONIDIS

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
JULIE GLOCKER PIERCE
709 S HARBOR CITY BLVD SUITE 230
MELBOURNE, FL 32901

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
ROBIN C LEMONIDIS
709 S. HARBOR CITY BLVD SUITE
MELBOURNE, FL 32901 230

TITLE
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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 on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

321-728-7905

PIERCE & LEMONIDIS, P.A.
ATTORNEYS AT LAW

JULIE GLOCKER PIERCE
BOARD CERTIFIED SPECIALIST
IN MARITAL AND FAMILY LAW

ROBIN C. LEMONIDIS
BOARD CERTIFIED SPECIALIST
IN CRIMINAL TRIAL LAW

709 S. HARBOR CITY BLVD.
SUITE 230
MELBOURNE, FLORIDA 32901

(321) 724-2230 TELEPHONE
(321) 724-2114 FACSIMILE
robin@not-guilty.net

April 26, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: 2002 Uniform Business Report

Dear Sir or Madam:

Enclosed please find the 2002 Uniform Business Report for the Pierce & Lemonidis corporation, along with a \$150.00 check for the filing fee.

If you have any questions or require any additional information, please do not hesitate to contact us.

Very truly yours,


Robin C. Lemonidis

RCL/mja
Enclosure