

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90112 033 ***158.75

DOCUMENT # S23602

1. Entity Name
PEARCE & COMPANY, INC.



Principal Place of Business
4190 BELFORT RD
SUITE 300
JACKSONVILLE FL 32216
US

Mailing Address
4190 BELFORT RD
SUITE 300
JACKSONVILLE FL 32216
US



2. Principal Place of Business

8825 PERIMETER PARK BLVD
SUITE 502
JACKSONVILLE, FL

3. Mailing Address

8825 PERIMETER PARK BLVD
SUITE 502
JACKSONVILLE, FL

☒ CHECK HERE IF MAKING CHANGES

City & State
JACKSONVILLE, FL
Zip
32216
Country
USA

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JACKSONVILLE, FL
Zip
32216
Country
USA

4. FEI Number 59-3044895

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KOGLER, STEVEN C.
10151 DEERWOOD PARK BLVD
STE 410
JACKSONVILLE FL 32258

7. Name and Address of New Registered Agent

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 STEVEN C KOGLER

1/16/03

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME PEARCE, L. SIDNEY
STREET ADDRESS 4190 BELFORT RD, SUITE 450
CITY-ST-ZIP JACKSONVILLE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition
NAME PEARCE, L. SIDNEY
STREET ADDRESS 8825 PERIMETER PARK BLVD SUITE 502
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 REQUIRED Sidney PEARCE, President 1/16/03 904 645-0653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)