

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90126 023 \*\*\*150.00

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**DOCUMENT # V17207**

1. Entity Name

**DAVID S. PIERCEFIELD, P.A.**

Principal Place of Business

**230 LOOKOUT PLACE  
 200  
 MAITLAND FL 32751  
 US**

Mailing Address

**230 LOOKOUT PLACE  
 200  
 MAITLAND FL 32751  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3108901**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIERCEFIELD, DAVID S.  
 230 LOOKOUT PLACE  
 SUITE 200  
 MAITLAND FL 32751**

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.

SIGNATURE

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 \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DPST  
 PIERCEFIELD, DAVID S.  
 230 LOOKOUT PLACE, SUITE 200  
 MAITLAND FL** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Delete

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

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/02**  
 Date

**407-629-8118**  
 Daytime Phone #

CR2E034 (9/01)

Attachment # V17207/652478

DAVID S. PIERCEFIELD, P.A.  
COUNSELLOR AT LAW  
230 LOOKOUT PLACE, SUITE 200  
MAITLAND, FLORIDA 32751

TELEPHONE (407) 629-8118

FACSIMILE (407) 629-7274

April 24, 2002

**VIA - FEDERAL EXPRESS**

Division of Corporations  
Annual Reports Filings  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: Annual Report

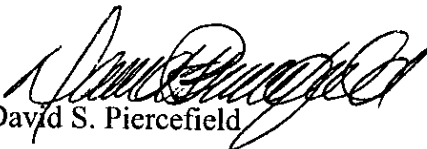
Dear Sir/Madam:

Please find enclosed the updated Annual Report and check for the following corporations:

GCS Group, Inc.  
Ron's Service Center, Inc.  
E & P Properties, Inc.  
David S. Piercefield, P.A.  
American Title Company of Orlando

If you have any questions, please do not hesitate to contact the undersigned.

Yours very truly,

  
David S. Piercefield

DSP:ab  
Enclosures