

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90060 043 \*\*\*150.00

**DOCUMENT # V68031**

1. Entity Name

**J.D. PIRES GROUP, INC.**

Principal Place of Business

Mailing Address

900 W. LANCASTER RD.  
2620 ENGLISH IVY CT  
LONGWOOD FL 32779  
US

PO BOX 951181  
LAKE MARY FL 32795-1181  
US

2. Principal Place of Business

**533 Fox Hunt circle**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Longwood, FL**

City & State

Zip

**32750**

Country

**US**

Country

4. FEI Number

**59-3144475**

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

**PIRES, EDWARD F**  
**2620 ENGLISH IVY CT**  
**LONGWOOD FL 32779**

Name

Street Address (P.O. Box Number is Not Acceptable)

**533 Fox Hunt circle**

City

**Longwood**

**FL**

Zip Code

**32750**

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  **Edward F Pires president**

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/10/2000**

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, 2000 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 **D** ☐ Delete  
NAME **PIRES, EDWARD F**  
STREET ADDRESS **2620 ENGLISH IVY CT**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☒ Change ☐ Addition  
NAME **PIRES, EDWARD F**  
STREET ADDRESS **533 Fox Hunt circle**  
CITY-ST-ZIP **Longwood, FL 32750**

TITLE **D** ☐ Delete  
NAME **PIRES, EMILY R**  
STREET ADDRESS **2620 ENGLISH IVY CT**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☒ Change ☐ Addition  
NAME **PIRES, EMILY R**  
STREET ADDRESS **533 Fox Hunt circle**  
CITY-ST-ZIP **Longwood, FL 32750**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

 **Edward F. Pires**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/10/2000**  
Date

**407-303-1922**  
Daytime Phone #

CR2E034 (9/99)