

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90143 001 \*\*\*150.00

**DOCUMENT # V73457**

1. Entity Name  
**GIL PIERSON REAL ESTATE COMPANY INC.**



Principal Place of Business  
**2734 NE 27TH CT. #6**  
**LIGHTHOUSE POINT FL 33064**  
**US**

Mailing Address  
**2734 NE 27TH CT. #6**  
**LIGHTHOUSE POINT FL 33064**  
**US**

J0021000



2. Principal Place of Business  
**4941 NE 22 AVE**

Suite, Apt. #, etc.  
**#102**

City & State  
**LIGHTHOUSE POINT, FL**

Zip  
**33004**

Country  
**US**

3. Mailing Address  
**1445 SE 15 CT #102**

Suite, Apt. #, etc.  
**#102**

City & State  
**DEERFIELD BEACH, FL**

Zip  
**33441**

Country  
**US**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0362189** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**PIERSON, GIL**  
**2734 NE 27 CT**  
**#6**  
**LIGHTHOUSE POINT FL 33064**


7. Name and Address of New Registered Agent

Name **GIL PIERSON**

Street Address (P.O. Box Number is Not Acceptable)  
**1445 SE 15 CT**  
**#102**

City **DEERFIELD BEACH** **FL** Zip Code **33441**

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  DATE **2-7-03**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PIERSON, GIL</b> <b>2734 NE 27 CT #6</b> <b>LIGHTHOUSE POINT FL 33064</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PIERSON, GIL</b> <b>1445 SE 15 CT, #102</b> <b>DEERFIELD BEACH, FL 33441</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** DATE: **2-7-2003** DAYTIME PHONE #: **954-428-5555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)