

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90260 013 \*\*\*150.00

**DOCUMENT # L04912**

1. Entity Name

**SMALL JOBS, INC.**

Principal Place of Business

**3345 27TH AVENUE S.W.  
 NAPLES FL 34117  
 US**

Mailing Address

**3345 27TH AVENUE S.W.  
 NAPLES FL 34117-7141  
 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

**65-0169281**

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

**PEHLKE, RICHARD, SR.  
 3345 27TH AVENUE S.W.  
 NAPLES, 34117**

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.

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, 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

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PEHLKE, RICHARD SR.</b>	
STREET ADDRESS	<b>3345 27TH AVENUE S.W.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34117</b>	

TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>PEHLKE, RICHARD JR.</b>	
STREET ADDRESS	<b>1960 RIVER REACH DR #200</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>PEHLKE, RUTH</b>	
STREET ADDRESS	<b>3345 27TH AVENUE S.W.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34117</b>	

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>PEHLKE, JEFFREY S.</b>	
STREET ADDRESS	<b>737 LANDOVER CT, SUITE 203</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Richard J. Pehlke Sr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Richard J. Pehlke Sr.**

4/26/2000 941 455-2027  
 Date Daytime Phone #

CR2E034 (9/99)