2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State
01-19-2001 90046 010 ****61.25

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DOCUMENT # N29304

1. Entity Name

WITHOUT END, INC.

Principal Place of Business	Mailing Address
C/O YVONNE PETERS 6434 RIVER RIDGE ROAD NEW PORT RICHEY FL 34653-1341	C/O YVONNE PETERS 6434 RIVER RIDGE ROAD NEW PORT RICHEY FL 34653-1341

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
YVONNE PETERS	YVONNE PETERS
Suite, Apt. #, etc.: 2827 MAX SMITH RD	Suite, Apt. #, etc.: 2827 MAX SMITH RD.
City & State: LUTZ, FL	City & State: LUTZ, FL
Zip: 33549 Country: USA	Zip: 33549 Country: USA

4. FEI Number 59-2970765 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PETERS, YVONNE D.
6434 RIVER RIDGE ROAD
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name: YVONNE PETERS
Street Address (P.O. Box Number is Not Acceptable): 2827 MAX SMITH RD
City: LUTZ **FL** Zip Code: 33549

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. change of address only

SIGNATURE: Yvonne D Peters
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEYNON, JOE 10010 TAKOMAH TRAIL TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV PETERS, CARL 6434 RIVER RIDGE RD. NEW PORT RICHEY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV PETERS, CARL 2827 MAX SMITH RD LUTZ, FL 33549 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PETERS, YVONNE 6436 RIVER RIDGE RD. NEW PORT RICHEY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PETERS, YVONNE 2827 MAX SMITH RD LUTZ, FL 33549 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, STEVE 1901 ACME ROAD HOLIDAY FL 34690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, STEVE 5640 BAKER RD NEW PORT RICHEY, FL 34653 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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

CR2E037 (10/00)

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 617, 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 YVONNE D. PETERS P 1-9-01 (813) 391-7252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #