

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90144 033 \*\*\*158.75

**DOCUMENT # P00000006444**

1. Entity Name  
**PETERS INVESTMENTS INC.**

Principal Place of Business      Mailing Address  
**4333 SWIFT CIRCLE      4333 SWIFT CIRCLE**  
**VALRICO FL 33594      VALRICO FL 33594**

2. Principal Place of Business      3. Mailing Address  
**4318 Holden Road      4318 Holden Road**

Suite, Apt. #, etc.  
**Lakeland, FL**

City & State      City & State  
**Lakeland, FL**

Zip      Country      Zip      Country  
**33811      FL      33811      FL**

4. FEI Number      Applied For  
**59-3626479**       Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LANSKY, GLEN R**  
**313 E. ROBERTSON ST.**  
**BRANDON FL 33511**

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

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, 2001 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      **PETERS, JOHN C**  
 STREET ADDRESS      **13206 LARAWAY CT.**  
 CITY-ST-ZIP      **RIVERVIEW FL 33569-7104**

TITLE      **P**       Change       Addition  
 NAME      **Peters, John C.**  
 STREET ADDRESS      **4318 Holden Road**  
 CITY-ST-ZIP      **Lakeland, FL 33811**

TITLE      **D**       Delete  
 NAME      **MOCERI, SUSAN**  
 STREET ADDRESS      **13206 LARAWAY CT.**  
 CITY-ST-ZIP      **RIVERVIEW FL 33569-7104**

TITLE      **VP**       Change       Addition  
 NAME      **Moceri, SUSAN L.**  
 STREET ADDRESS      **4318 Holden Road**  
 CITY-ST-ZIP      **Lakeland, FL 33811**

TITLE       Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Change       Addition  
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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: Susan L. Moceri      **SUSAN L. Moceri**      1/4/01      863-709-9400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)