2003 FOR PROFIT CORPORATION/ UNIFORM BUSINESS REPORT (UBÁ

Aug 11, 2003 8:00 am Secretary of State

07-14-2003 90330 008 ***150.00

7/14

P02000007431 DOCUMENT # 1. Entity Name DARCY A. PETERS, P.A. 55053809 Principal Place of Business Malling Address P.O. BOX 3681 P.O. BOX 3681 ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3760040 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired 32085 32085 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PETERS, DARCY A Street Address (P.O. Box Number is Not Acceptable) 122 BRIDGE ST. ST. AUGUSTINE FL 32085 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10/2003 Fee will be \$750.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 🔀 Addition TITLE ☐ Datete DDF ☐ Change PETERS, DARCY A NAME DEKKER , L. G NAME CR2E034 STREET ADDRESS 122 BRIDGE ST. STREET ADDRESS 122 Bridgest. 42 ST. AUGUSTINE FL 32085 CITY-ST-ZIP CITY-ST-ZIP ST. Augustine Fl 32084 ☐ Delate TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE ..NAME NAME STREET ADDRESS STREET ADDRESS CITY- 97-71P CITY-ST-ZIP" TITI F ☐ Detete TITLE Change Addition Ą NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

LAE REQUIRED L.G.Dekkir

7-10-03

501-3807

all achmen

55053809 # P02000001431

Darcy A. Peters, P.A.

A Coverall franchise
P O Box 3681
Saint Augustine, Viorena
32085

July 10, 2003

Uniform Business Report
Division of Corporations
P O Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Please waive the late for on this report as this is the first notification received. Enclosed is a check for \$150.00 as delineated on the instructions. I am unclear if additional amounts of \$61.25 and/or \$88.75 are also needed. Please advise if we need to submit additional funds.

Thank you,

L.G. Dekker

	DARC	Y A PETE		**************************************			1242
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AY THE PLES OF Florida		vot of S					\$ 150.00
PROSPERIT BANK	Y						