

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90243 026 ***150.00

DOCUMENT # P96000052248

1. Entity Name
PESPEDO CORPORATION



Principal Place of Business

102 PINELAS BAYWAY
 TIERRA VERDE FL 33715-373
 US

Mailing Address

%GULF TAX INC
 6860 GULFPORT BLVD. STE 900
 ST PETERSBURG FL 33707-2108
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6860 GULFPORT BLVD #900

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

S. PASADENA FL

City & State

4. FEI Number

59-3386741

Applied For

Not Applicable

Zip

33707-2108

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GULF TAX INC - BRIAN LIGHT
 6860 GULFPORT BLVD
 STE 900
 ST PETERSBURG FL 33707-2108

Name

NEVADA HOLDINGS INC - BRIAN LIGHT

Street Address (P.O. Box Number is Not Acceptable)

6860 GULFPORT BLVD #900

City

S. PASADENA

FL

Zip Code

33707-2108

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

Brian Light

(PRES) NEVADA HOLDINGS INC 4/21/00

Signature, typed or printed name of registered agent and state 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ELBERT, PETER H	
STREET ADDRESS	6860 GULFPORT BLVD, STE #900	
CITY-ST-ZIP	ST PETERSBURG FL 08	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ELBERT, DORIS	
STREET ADDRESS	6860 GULFPORT BLVD, STE 900	
CITY-ST-ZIP	ST PETERSBURG FL 08	
TITLE	S	<input type="checkbox"/> Delete
NAME	LIGHT, BRIAN	
STREET ADDRESS	6860 GULFPORT BLVD, STE 900	
CITY-ST-ZIP	ST PETERSBURG FL 08	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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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:

Brian Light
 SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/21/00

Daytime Phone #

CR2E034 (9/99)