## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: X

| DOCUMENT # 393958  1. Entity Name PEGGY JO ENTERPRISES, INC.           |   |  |             |                   |                   | Feb 06, 2002 8:00 am<br>Secretary of State<br>02-06-2002 90081 007 ***150.00   |                |  |  |
|--|---|--|-------------|-------------------|-------------------|--|----------------|--|--|
| Principal Plac   | ce of Business  | Mailing Address  | <del></del> | <u>.</u>          |                   |  |                |  |  |
| .528 <del>8 SAINT IVES L</del> N<br>TALLAHASSEE FL <b>32308:</b><br>US |   | 5288 SAINT-IVES-EN-<br>TALLAHASSEE FL.32308<br>US                              |             |                   |                   |  |                |  |  |
| •  | Place of Business   | 3. Mailing Address   |             |                   |                   |  |                |  |  |
| 5991 P<br>Suite, Apt.  | ONDER LANE #, etc.  | 5991 PONDER LANE Suite, Apt. #, etc.   |             |                   |                   | DO NOT WRITE IN THIS SPACE   |                |  |  |
| City & Stat  | e<br>ASSEE FL   | City & State TALLAHASSEE   | FL          |                   | 4.                | FEI Number 59-1405098 Applie   | ed For         |  |  |
| Zip  | Country   | Zip  | Cour        | •                 | 5.                | Certificate of Status Desired \$8.75 Additio   |                |  |  |
| 32309 LEON 6. Name and Address of Current F                            |   | 32309 LEON   |             | ON                | 7-                | 7. Name and Address of New Registered Agent  |                |  |  |
|  |   | <u>-</u> <u>-</u>  |             | Name              |                   |  |                |  |  |
| HENRY, PEGGY J  Street Ad  Street Ad                                   |   |  |             |                   | dress (P.O. I     | ss (P.O. Box Number is Not Acceptable)   |                |  |  |
| TALLAHAS   | SSEE FL 3 <del>2308-</del>  | 32309  |             |                   |                   |  |                |  |  |
|  |   |  |             | City              |                   | FL Zip Code  |                |  |  |
| SIGNATURE  | e named entity submits this statement for signature, typed or printed name of registered agent a praction is eligible to satisfy its Intangible |  | : Registere | ed Agent signatur | e required when r | reinstating) DATE  |                |  |  |
| _  | requirement and elects to do so.  | After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta |             |                   |                   | Trust Fund Contribution. Added to Fees   |                |  |  |
| 11.  | OFFICERS AND  |  | 12.         |                   | AE                | DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  | 111 Addition 2 |  |  |
| NAME STREET ADDRESS-CITY-ST-ZIP  | PTD<br>HENRY,PEGGY J.<br>5288-ST-IVES-LN-<br>TALLAHASSEE-FL   | ☐ Delete   |             |                   |                   | □ Change □ PONDER LANE AHASSEE FL 32309  | Addition   S   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                  | VSD<br>HENRY,JIM<br>5288-ST-IVES-LN<br>TALLAHASSEE-FL   | ☐ Detete   |             | J                 |                   | □ Change □ PONDER LANE AHASSEE FL 32309  | Addition       |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                  |   | ☐ Delete   |             | ſ                 | ~                 |  | Addition       |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                  |   | ☐ Delete   |             |                   |                   | ☐ Change ☐   | Addition       |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                  |   | ☐ Delete   |             |                   |                   | ☐ Change ☐   | Addition       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         |   | ☐ Delete   | •           |                   |                   | ☐ Change ☐   | Addition       |  |  |
| indicated<br>of the co   | i on this report or supplemental report is  | true and accurate and that m<br>wered to execute this report a                 | ıy signa    | ture shall ha     | ve the same       | 119.07(3)(I), Florida Statutes. I further certify that the informal legal effect as if made under oath; that I am an officer or clida Statutes; and that my name appears in Block 11 or Block. | director       |  |  |

Date Daytime PI

Jan 20. 200

893.6334 Paytime Phone #

PEGGY J. HENRY