## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

NAPLES FL 34108

3. Mailing Address

City & State

Suite, Apt. #, etc.

C/O LOTTIE A. PELOT

11040 VANDERBILT DRIVE

## **DOCUMENT #**

669147

1. Entity Name

V.L. PELOT, INC.

Principal Place of Business

11040 VANDERBILT DRIVE

2. Principal Place of Business

C/O LOTTIE A. PELOT

Suite, Apt. #, etc.

City & State

Zip

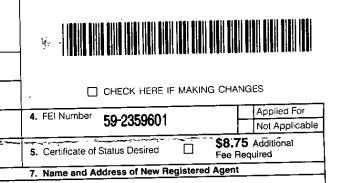
SIGNATURE .

NAPLES FL 34108



## **FILED** Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90256 012 \*\*\*150.00



PELOT, LOTTIE A 11040 VANDERBILT DRIVE NAPLES FL 34108

Country:

6. Name and Address of Current Registered Agent

	The above named entity submits this statement for the purpose of changing its register	red office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
8.	The above named entity submits this statement for the purpose of changing its register	red office of registored agonit, or body we will	•
İ	the obligations of registered agent.		

City

Country ---

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE 1S \$150.00 🍇 🤫 After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

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

DATE

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

Zip Code

Make Check Payable to Florida Department of State								
PEROPES AND DIDECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURAWSKI, BARBARA M. P. LOT 19, ROYAL COVE DR. NAPLES FL 34110	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARLSON, CAROL 411 THIRD ST S WISCONSIN RAPIDS WI 54494	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- year after	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAWYER, PATRICIA A. P. 1930 70TH AVE DRESSER WI 54009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARROLL, SUSAN K. P. 914 WEEPING WILLOW CT. WISCONSIN RAPIDS WI 54494	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition		
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	in Section 119.07(3)(i), Florida Statutes	Change	☐ Addition		

12. Thereby 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:

borg M.P Murgasker /10