FILED

Feb 04, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

F26056 DOCUMENT # **Secretary of State** 1. Entity Name PETERSON ENTERPRISES OF ORLANDO, INC. 02-04-2002 90026 021 ***150.00 Mailing Address Principal Place of Business 1648 SPRING RIDGE CR 460 OCEAN BLVD P.O. BOX 560907 P.O. BOX 5609071 ATLANTIC BCH FL 32233 WINTER GARDEN FL 34787 3. Mailing Address 2. Principal Place of Business PO Box 330926 812)Cean DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State, Atlantic 4. FEI Number 59-2076062 Beach Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 2233 Fee Required)uva 3223 Dura 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUSSELL JR, ERNEST L Street Address (P.O. Box Number is Not Acceptable) 460 OCEAN BLVD ATLANTIC BCH FL 32233 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. 7 Jan 02 (NOTE: Registered Agent signature required when reinstating) title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition CR2E034 (9/01 TITLE ☐ Delete TITLE ANDERSON, ANN NAME NAME 2700 S. ORANGE AVE #220 STREET ADDRESS STREET ADDRESS ORLANDO, FL 00000 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE RUSSELL, ERNEST L JR NAME NAME 460 OCEAN BLVD STREET ADDRESS STREET ADDRESS ATLANTIC BCH FL 32233 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

GNATURE AND TYPED OR PRINTED NAME OF SUNING OFFICER OR DIRECTO

7 Jan 02

904241 2624

Daytime Phone #