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

## Jan 16, 2002 8:00 am Secretary of State **DOCUMENT #** F80446 1. Entity Name 01-16-2002 90269 037 \*\*\*150.00 PEPPER RIDGE, INC. Principal Place of Business Mailing Address P.O. BOX 1208 3866 PROSPECT AVE HOBE SOUND FL 33475-1208 **STE 18** RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2191813 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOSLOSKI, KENNETH C Street Address (P.O. Box Number is Not Acceptable) 3866 PROSPECT AVE **STE 18 RIVIERA BEACH FL 33404** Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete Addition TITLE TITLE NAME KOSLOSKI, KENNETH C. STREET ADDRESS 3866 PROSPECT AVE, STE 18 STREET ADDRESS CITY-ST-ZIP **RIVIERA BEACH FL 33404** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME KOSLOSKI, GERALD P STREET ADDRESS STREET ADDRESS 3866 PROSPECT AVE. STE 18 CITY-ST-ZIP CITY-ST-7IP RIVIERA BEACH FL 33404 . ☐ Addition Change. TITLE ☐ Delete 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-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 13. 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

**FILED** 

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:

SIGNATURE:

SIGNATURE: