

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004333

1. Entity Name

PEPPERWOOD COURT HOLDING CO., INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90331 039 ***150.00

Principal Place of Business

Mailing Address

2517 HWY 35 BLDG C STE 101
MANASQUAN NJ 08736

2517 HWY 35 BLDG C STE 101
MANASQUAN NJ 08736-1918

2. Principal Place of Business

3. Mailing Address

481 PEPPERWOOD COURT

PO BOX 1938

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MARCO ISLAND FL

MARCO ISLAND FLORIDA

Zip

Country

Zip

Country

34145

34145

4. FEI Number

22-2955163

Applied For

Not Applicable

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

MAZZA, DOROTHY
481 PEPPERWOOD COURT
MARCO ISLAND FL 34145

Name

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

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
MAZZA, JOSEPH
481 PEPPERWOOD COURT
MARCO ISLAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MAZZA, DOROTHY
481 PEPPERWOOD COURT
MARCO ISLAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Dorothy Mazza (Sect.)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

1-941-389-5636

Daytime Phone #

CR2E034 (9/99)