

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90332 047 ***150.00

0096134 AV

DOCUMENT # H59781

1. Entity Name
PETE'S CHARTER CORPORATION



Principal Place of Business
**501 N REO ST
TAMPA FL 33609
US**

Mailing Address
**501 N REO ST
TAMPA FL 33609
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2538226**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BULLER, J.M.
4707 WEST CLEAR
TAMPA FL 33629**

← Wrong Spelling

Name **J.M. Buhler**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

7/10/03

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUHLER, J.M. 4707 WEST CLEAR TAMPA FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

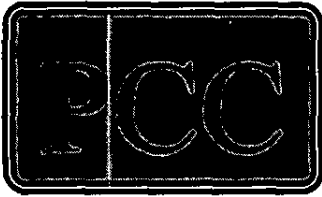
[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/03 (813)636-9808

DATE DAY/DATE PHONE #

CR2E034 (4/03)



Attachment #

501 North Reo Street
Tampa, Florida 33609
(813) 636-9808

10110052

H59781

Jill M. Buhler
President

Divisions of Corporations
Uniform Business Filing
P.O. Box 1500
Tallahassee, Florida 32302

RE: 2003 Uniform Business Filing

Please be advised that I recently received a notice for filing on behalf of P.C.C. The corporation has not received a prior notice for the filing and therefore is not subject to the \$400.00 late fee. Please waive this fee accordingly. Enclosed you will find a check for \$150.00 for the original filing fee.

Regards,


Jill Buhler