

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90723 008 ***150.00

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DOCUMENT # J23023

1. Entity Name

PETE'S RENTAL WHEELS, INC.



Principal Place of Business

**230 HENNIS ROAD
WINTER GARDEN FL 34787-2409
US**

Mailing Address

**230 HENNIS ROAD
WINTER GARDEN FL 34787-2409**

2. Principal Place of Business

7049 Willowwood St.
Suite, Apt. #, etc.

3. Mailing Address

7049 Willowwood St.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-2696301

Applied For

Not Applicable

Zip

Country

32818-5855

Orange

Zip

Country

32818-5855

Orange

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PETERSON, JOSEPHINE R.
230 HENNIS ROAD
WINTER GARDEN FL 34787**

7. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE **PDT** ☐ Delete
NAME **PETERSON, JOSEPHINE R.**
STREET ADDRESS **230 HENNIS ROAD**
CITY-ST-ZIP **WINTER GARDEN FL**

TITLE **VSD** ☐ Delete
NAME **PETERSON, PATRICIA A.**
STREET ADDRESS **230 HENNIS ROAD**
CITY-ST-ZIP **WINTER GARDEN FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MRS. Josephine R. Peterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)