

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J61734

1. Entity Name

ROSALIE PETERS, INC.

FILED

Mar 01, 2001 8:00 am  
Secretary of State

03-01-2001 90008 034 \*\*\*150.00

Principal Place of Business

25188 MARION AVE., D411  
PUNTA GORDA FL 33950  
US

Mailing Address

25188 MARION AVE. D411  
PUNTA GORDA FL 33950  
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 59-2796370

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

BOURQUE, ROSALIE  
25188 MARION AVE., D411  
PUNTA GORDA FL 33950

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

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, 2001 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 DP ☐ Delete  
NAME BOURQUE, ROSALIE  
STREET ADDRESS 25188 MARION AVE D411  
CITY-ST-ZIP PUNTA GORDA FL

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

TITLE DT ☐ Delete  
NAME FOSTER, DIANE  
STREET ADDRESS 2018 ANE LAKE AVE  
CITY-ST-ZIP PHEONIX AZ 85022

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 2018 E. AIRE LIBRE AVE  
CITY-ST-ZIP

TITLE DS ☐ Delete  
NAME SHARON, MCCOLLISTER  
STREET ADDRESS 215 INLAND CIRCLE  
CITY-ST-ZIP NEWMAN GA 30263

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Rosalie P Bourque*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-01

Date

941575-8991

Daytime Phone #

CR2E034 (10/00)