

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90047 033 ***150.00

DOCUMENT # J84753

1. Entity Name

DONALD R. PEIFFER, INC.

Principal Place of Business

9388 SE ISLAND PL
TEQUESTA FL 33469
US

Mailing Address

9388 SE ISLAND PL
TEQUESTA FL 33469
US

624818



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

242 VILLAGE BLVD.

3. Mailing Address

242 VILLAGE BLVD.

Suite, Apt. #, etc.

2105

Suite, Apt. #, etc.

2105

City & State

TEQUESTA, FL

City & State

TEQUESTA, FL

Zip

33469

Country

USA

Zip

33469

Country

USA

4. FEI Number

59-2823865

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

BASS, DONALD L
7166 SE OSPREY STREET
HOBE SOUND FL 33455

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, 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	D	<input type="checkbox"/> Delete
NAME	PEIFFER, DONALD R.	
STREET ADDRESS	9388 S.E. ISLAND PLACE	
CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEIFFER, CAROL L.	
STREET ADDRESS	9388 S.E. ISLAND PL	
CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	242 VILLAGE BLVD - # 2105
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	242 VILLAGE BLVD. - # 2105
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Carol L Peiffer
CAROL L PEIFFER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-01 561-744-9646

CR2E034 (10/00)