

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90061 014 ****50.00

DOCUMENT # L01000004641

1. Entity Name

PEREGRINE INTERNATIONAL, LLC

Principal Place of Business

16005 N FLORIDA AVE.
LUTZ FL 33549

Mailing Address

16005 N FLORIDA AVE.
LUTZ FL 33549

2. Principal Place of Business

16009 N Florida Ave

Suite, Apt. #, etc.

3. Mailing Address

16009 N Florida Ave

Suite, Apt. #, etc.

City & State

Lutz, FL 33549

City & State

Lutz, FL 33549

4. FEI Number

59-3715062

Applied For

Not Applicable

Zip

33549

Country

Hillsborough

Zip

33549

Country

Hillsborough

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, RICHARD A
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Jon Wittner

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

16009 N. Florida Ave

City

Lutz, FL

FL

Zip Code

33549

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)

2.1.02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME President
STREET ADDRESS Humaid Masood
CITY-ST-ZIP 5407 Sandcrane Court
Wesley Chapel, FL 33543

TITLE ☐ Delete
NAME Vice-President
STREET ADDRESS Jon Wittner
CITY-ST-ZIP 814 Brantenburg Way
Lutz, FL 33549

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

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition
NAME President
STREET ADDRESS Humaid Masood
CITY-ST-ZIP 5407 Sandcrane Court
Wesley Chapel, FL 33543

TITLE ☐ Change ☒ Addition
NAME Vice President
STREET ADDRESS Jon Wittner
CITY-ST-ZIP 814 Brantenburg Way
Lutz, FL 33549

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED Manager

2.1.02

813.265.0037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)