

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90083 024 ****50.00

DOCUMENT # L01000009795

1. Entity Name

PETERSON AND SONS, L.L.C.

Principal Place of Business

1564 LILLY OAKS CIRCLE
GOTHIA FL 34734

Mailing Address

1564 LILLY OAKS CIRCLE
GOTHIA FL 34734

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3739071

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETERSON, JOHN O
1564 LILLY OAKS CIRCLE
GOTHIA FL 34734

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.

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
member mjr.	John O Peterson	1564 Lilly Oaks Circle	Gothia, FL 34734	<input type="checkbox"/>
mbr	John O. Peterson, Jr	579 Allen Hill Rd	Brooklyn, CT 06234	<input type="checkbox"/>
member	Larry M. Peterson	11 South 73rd Ave	Pensacola, FL 32506	<input type="checkbox"/>
member	Mark A. Peterson	4105 Fallwood Circle	Orlando, FL 32812	<input type="checkbox"/>
member	Linda K. Toporek	4108 Fallwood Circle	Orlando, FL 32812	<input type="checkbox"/>
member mjr.	Karen S. Peterson	1564 Lilly Oaks Circle	Gothia, FL 34734	<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

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

Date

Daytime Phone #

2-25-01

407 905-6222

CR2E083 (9/01)