

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Feb 18, 2003 8:00 am
Secretary of State

01-27-2003 90351 014 ***150.00

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DOCUMENT # L01060

1. Entity Name
PETER AND FRANCES, INC.



Principal Place of Business
**504 US HIGHWAY 27 N
AVON PARK FL 33825**

Mailing Address
**504 US HIGHWAY 27 N
1130 N. TAMiami TRAIL
AVON PARK FL 33825**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0131209		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
TSAKALOS, DIMITRIOS 5249 MAGNOLIA PL SEBRING FL 33872		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 _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TSAKALOS, DIMITRIOS 5249 MAGNOLIA PL SEBRING FL 33872	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President TSAKALOS MARIA 5249 MAGNOLIA PL SEBRING FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSAKALOS MARIA 5249 MAGNOLIA PL SEBRING FL 33872	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: **SIGNATURE REQUIRED** **1-24-03 863-452-2700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR, Date Daytime Phone #

CR2E034 (10/02)