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

L63969 DOCUMENT

1. Entity Name

SIGNATURE

PETER CROMPTON, INC.



Mar 05, 2003 8:00 am § Secretary of State 03-05-2003 90044 039 ***150.00

FILED

Principal Place of Business			
EAST 400 20TH STREET			
BOCA RATON FL 33431			

Mailing Address 740 NE 32ND STREET **BOCA RATON FL 33431**

2. Principal Place of Business 400 NE 20 4 57	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For 59-3014642 Not Applicable Country \$8.75 Additional

5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent Name GEROW, JEFF Street Address (P.O. Box Number is Not Acceptable) 4800 NORTH FEDERAL HWY. SUITE 307 B **BOCA RATON FL 33431** City

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3.	The above named entity submits this statement for the purpose of changing its registere	ad office or registered agent, or both, in the State of Clarida	Long formities with and area
	the ability of a control of the purpose of changing its registere	ad office of registered agent, or both, in the state of riorida.	i am iamiliar with, and accer
	the obligations of registered agent,		

Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Country

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition CROMPTON, PETE NAME EAST 400, APT D109 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

56/ 306 575/ Daytine Phone #