

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

FILED
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90806 021 ***550.00

DOCUMENT # L68273

1. Entity Name

PTR Enterprises, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

830 N. ATLANTIC #1604

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 320111

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Cocoa Bch

City & State

Cocoa Bch

4. FEI Number

59-3003732

Applied For

☐ Not Applicable

Zip

32931

Country

USA

Zip

32932

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Eugene A. Wojewoda

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

830 N. ATLANTIC #1604

City

Cocoa Bch

FL

Zip Code

32931

**DO NOT WRITE
IN THIS SPACE**

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

Eugene A. Wojewoda

Eugene A. Wojewoda

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

William Green, President

P.O. Box 320111

Cocoa Bch, FL 32932

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Eugene A. Wojewoda, VP

P.O. Box 320111

Cocoa Bch, FL 32932

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Eugene A. Wojewoda

Eugene A. Wojewoda

6/27/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)