

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91177 050 \*\*\*150.00

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000017974

1. Entity Name

PETER A. DARGEN COMPANY

Principal Place of Business

7821 LONG COVE WAY  
PORT ST. LUCIE FL 34986

Mailing Address

7821 LONG COVE WAY  
PORT ST. LUCIE FL 34986

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0998698

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PACHMAN, MARK A  
 1645 PALM BEACH LAKES BLVD.  
 SUITE 1200  
 WEST PALM BEACH FL 33401

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

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

**FILE NOW!**  
**After MAY 1, 2001**  
**Make Check Payable to**

**FEE IS \$150.00**  
**Fee will be \$550.00**  
**to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	SEC/TREASURER	<input type="checkbox"/> Delete
NAME	PETER A. D'ARGENZIO	
STREET ADDRESS	7821 LONG COVE WAY	
CITY-ST-ZIP	PORT ST LUCIE, FL 34986	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	SANDRA K. D'ARGENZIO	
STREET ADDRESS	7821 LONG COVE WAY	
CITY-ST-ZIP	PORT ST LUCIE, FL 34986	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	KARA J. D'ARGENZIO	
STREET ADDRESS	109 LISA CT	
CITY-ST-ZIP	MEMPHIS, PA 15317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDRA K. D'ARGENZIO	
STREET ADDRESS	7821 LONG COVE WAY	
CITY-ST-ZIP	PORT ST LUCIE, FL 34986	
TITLE	V.P./TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER A. D'ARGENZIO	
STREET ADDRESS	7821 LONG COVE WAY	
CITY-ST-ZIP	PORT ST LUCIE, FL 34986	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra K. D'Argenzio - President 6/15/01 561 464-5310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

TO: DIVISION OF CORPORATIONS

FROM: PETER A. D'ARGENZIO  
PETER A. DARGEN COMPANY  
7821 LONG COVE WAY  
PORT ST. LUCIE, FL 34936

Attachment  
D#P00000017974  
5/15/01  
8142  
PHONE: 561 464-5310  
FAX: 561 464-5312  
E-MAIL: SDARGEN@AOL.COM

DEAR SIRs:

ENCLOSED IS MY "UNIFORM BUSINESS REPORT" FORM AND CHECK FOR  
"PETER A. DARGEN COMPANY".

WE ARE A ONE PERSON OPERATION MY OFFICE IS IN MY HOME. THE FORM  
INADVERTENTLY FELL BEHIND MY DESK AND I DID NOT FIND IT UNTIL  
YESTERDAY WHEN WE WERE CLEANING AND MOVING SOME FURNITURE.

I AM SORRY ABOUT THIS OCCURENCE AND I RESPECTFULLY REQUEST THAT  
~~THE ADDITIONAL PENALTY FEE BE WAIVED.~~

THANK YOU FOR YOUR ATTENTION IN THIS MATTER.

SINCERELY,

*Peter A. D'Argenzio*  
PETER A. D'ARGENZIO