

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

FILED
Jun 27, 2003 8:00 am
Secretary of State

06-27-2003 90052 032 ***158.75

DOCUMENT # P00000050767

1. Entity Name

CORNEL D. PETERS, INC



DO NOT WRITE IN THIS SPACE

10108969

2. Principal Place of Business
4243 WINDERGATE DRIVE

Suite, Apt. #, etc.

3. Mailing Address
4243 WINDERGATE DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE, FLORIDA

City & State
JACKSONVILLE, FLORIDA

4. FEI Number 59-3649586

Applied For
Not Applicable

Zip
32257

Country
USA

Zip
32257

Country
USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Cornel D. Peters

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

4243 Windergate Drive

City Jacksonville

FL Zip Code
32257

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

President, Cornel D. Peters
4243 Windergate Drive
Jacksonville, FL 32257

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cornel D. Peters

June 26, 2003

Date

Daytime Phone #

904 886-4618

CR2E034B (12/02)

attachment

10108969

#P000000507607

CORNEL D. PETERS, INC
4243 Windergate Drive
Jacksonville, FL 32257

June 26, 2003
UNIFORM BUSINESS REPORT
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500
Dear Marie,

I did not receive the uniform business report in the mail as of this date.
Enclosed are my UBR your help is greatly appreciated. Thank you!



Sincerely,
Cornel D. Peters
President