

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90142 036 ***150.00

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1. Entity Name
PETERSON COMPUTERS, INC.



Principal Place of Business
**17315 RIVERSTONE DRIVE
LUTZ FL 33549**

Mailing Address
**1628 N. DALE MABRY HWY.
SUITE 108
LUTZ FL 33549**



2. Principal Place of Business

1628 N. Dale Mabry Hwy

3. Mailing Address

1628 N. Dale Mabry Hwy

Suite, Apt. #, etc.

Ste - 108

Suite, Apt. #, etc.

Ste - 108

City & State

Lutz, Florida

City & State

Lutz, Florida

Zip

33549

Country

USA

Zip

33549

Country

4. FEI Number **65-1023859**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PETERSON, CARL RANDAL
17315 RIVERSTONE DRIVE
LUTZ FL 33549**

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. 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

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, CARL RANDAL	
STREET ADDRESS	17315 RIVERSTONE DRIVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, LISA JEAN	
STREET ADDRESS	17315 RIVERSTONE DRIVE	
CITY-ST-ZIP	LUTZ FL 33549	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID JAMES FAUST	
STREET ADDRESS	5341 School Rd.	
CITY-ST-ZIP	Land O'Lakes FL 34639	
TITLE	Vice President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARL RANDAL PETERSON	
STREET ADDRESS	17315 Riverstone Drive	
CITY-ST-ZIP	Land O'Lakes FL 33549	
TITLE	Treasurer/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARL RANDAL PETERSON	
STREET ADDRESS	17315 Riverstone Drive	
CITY-ST-ZIP	Land O'Lakes FL 33549	
TITLE	Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID JAMES FAUST	
STREET ADDRESS	5341 School Rd	
CITY-ST-ZIP	Land O'Lakes FL 33549	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DAVID JAMES FAUST, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/2003
Date

813 948-8898
Daytime Phone #

CR2E034 (10/02)