

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000074262

1. Entity Name
SQUARE PEG, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90250 008 ***158.75

C0050142



DO NOT WRITE IN THIS SPACE

Principal Place of Business

8522 GULF BLVD #30
NAVARRE BEACH FL 32566

Mailing Address

8522 GULF BLVD #30
NAVARRE BEACH FL 32566

2. Principal Place of Business

913 Gulf Breeze Parkway
Suite, Apt. #, etc.
Suite 39

3. Mailing Address

P.O. Box 1451
Suite, Apt. #, etc.

City & State

Gulf Breeze, FL

City & State

Gulf Breeze, FL

4. FEI Number

68-0282994

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERRILL, THOMAS
8522 GULF BLVD #30
NAVARRE BEACH FL 32566

7. Name and Address of New Registered Agent

Name

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

1500 VIA DELUNA DE E-10

City

Pensacola Beach

FL

Zip Code

32561

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!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

☐ Delete

TITLE
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President/Owner/D
JANICE L. HOLDER
1500 VIA DELUNA E-10
PENSACOLA BEACH FL 32561

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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☐ Change

☐ Addition

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

SIGNATURE:

JANICE L. HOLDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-01

Date

850-932-7891

Daytime Phone #

CR2E034 (10/00)