

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

0945001 AV

04-10-2002 90486 015 ***150.00

DOCUMENT # P00000094258

1. Entity Name
SGT. PEPPER SUB, INC.

Principal Place of Business
**926 NE 20TH AVENUE
 FORT LAUDERDALE FL 33304**

Mailing Address
**PO BOX ~~10000~~ 4512
 FT LAUDERDALE FL ~~33300~~ 33338**

O R I N U



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
PO BOX 4512
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FL Lauderdale, FL

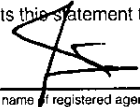
4. FEI Number **65-1052851** Applied For
 Not Applicable

Zip **33338** Country
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**JUTZ, SVEN H
~~2374 NW 66RD ST STE 116~~ PO BOX 4512
 FT LAUDERDALE FL ~~33300~~ 33338**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
(PO BOX 4512) 926 NE 20th Ave
 City **FL Lauderdale FL** Zip Code **33304**

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  **Registered Agent** DATE **1-13-02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST JUTZ, SVEN H 18683 S DIXIE HWY MIAMI FL 33157 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PO BOX 4512 Fort Lauderdale FL 33338 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **SIGNATURE REQUIRED**  **President** DATE **1-13-02** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)