

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90003 032 ***150.00

DOCUMENT # P00000116763

1. Entity Name

W. CRISS PETERS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~1152 NORTH UNIVERSITY DRIVE SUITE 201~~
~~PEMBROKE PINES FL 33024~~

~~1152 NORTH UNIVERSITY DRIVE SUITE 201~~
~~PEMBROKE PINES FL 33024~~

2. Principal Place of Business

4520 NE 18th Ave.

3. Mailing Address

4520 NE 18th Ave.

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Ft. Lauderdale, FL.

City & State

Ft. Lauderdale, FL.

Zip

33334

Country

USA

Zip

33334

Country

USA

4. FEI Number

65-1073672

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOOMAR, L. GREGORY ESQ
1152 NORTH UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

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!!! 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 **D** ☐ Delete
 NAME **PETERS, WILLIAM C JR**
 STREET ADDRESS **1152 NORTH UNIVERSITY DRIVE SUITE 201**
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4520 NE 18th Ave., suite 400**
 CITY-ST-ZIP **Ft. Lauderdale, FL. 33334**

TITLE **Vice President** ☐ Change ☒ Addition
 NAME **Donna Rae Peters**
 STREET ADDRESS **4520 NE 18th Ave., suite 400**
 CITY-ST-ZIP **Ft. Lauderdale, FL. 33334**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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: William Criss Peters, Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-01
 Date

954-938-0089
 Daytime Phone #

CR2E034 (10/00)