

FILED
Jun 05, 2002 8:00 am
Secretary of State

05-20-2002 90047 038 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000083909

1. Entity Name
PETER MANDY ENTERPRISES, INC.

Principal Place of Business
1703 WEST STATE ST
TAMPA FL 33606

Mailing Address
1703 WEST STATE ST
TAMPA FL 33606

91586



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
819 ANDERSON
Suite, Apt. #, etc.
100
City & State
TAMPA

3. Mailing Address
819 ANDERSON
Suite, Apt. #, etc.
100
City & State
TAMPA

4. FEI Number
59-374-1413
Applied For
Not Applicable

Zip
33634
Country
USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PRICE, PETER
1703 WEST STATE ST
TAMPA FL 33606
OLD ADDRESS

7. Name and Address of New Registered Agent
NEW ADDRESS
Street Address (P.O. Box Number is Not Acceptable)
SUITE 100, 819 ANDERSON ROAD
City
TAMPA
FL
Zip Code
33634

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 P. Price
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.

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PETER FRANCIS PRICE 819 ANDERSON ROAD TAMPA FL 33634 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY AMANDA PRICE 819 ANDERSON ROAD TAMPA FL 33634 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Peter Price
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/ Date
813-250-2863 Daytime Phone #

CR2E034 (9/01)