

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-20-2002 90047 038 ***150.00

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**

2. Principal Place of Business

**8119 ANDERSON
Suite, Apt. #, etc.
100**

3. Mailing Address

**8119 ANDERSON
Suite, Apt. #, etc.
100**

City & State

TAMPA

City & State

TAMPA

Zip

33634

Country

USA

Zip

33634

Country

USA

4. FEI Number

59-374-1413

Applied For

☐ Not Applicable

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

Name

NEW ADDRESS

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

SUITE 100, 8119 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.
(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

TITLE **PRESIDENT** ☐ Delete
NAME **PETER FRANCIS PRICE**
STREET ADDRESS **8119 ANDERSON ROAD**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **SECRETARY** ☐ Delete
NAME **AMANDA PRICE**
STREET ADDRESS **8119 ANDERSON ROAD**
CITY-ST-ZIP **TAMPA FL 33634**

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

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

TITLE ☐ Change ☐ Addition
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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:

P. Price

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/

Date

813-250 2863

Daytime Phone #

CR2E034 (9/01)