

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000114279

1. Entity Name  
PETERS & KELLY MANAGEMENT CORP. OF FLORIDA

**FILED**  
**Aug 01, 2002 8:00 am**  
**Secretary of State**

08-01-2002 90162 027 \*\*\*150.00

0021829 AV

Principal Place of Business

6257 NW 171 ST.  
HIALEAH FL 33015

Mailing Address

6257 NW 171 ST.  
HIALEAH FL 33015



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1156951

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SISSON, LARRY  
218 SOUTHERN COUNTRY LN.  
QUINCY FL 32351

Name John Peters

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

6257 NW 171 ST

City HIALEAH

FL

Zip Code 33015

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

John Peters (D)

9/2/2002

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	D KELLY, MICHAEL 6257 NW 171 ST. HIALEAH FL 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERS, JOHN 6257 NW 171 ST. HIALEAH FL 33015	<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

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
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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:

SIGNATURE REQUIRED

John Peters (D)

9/2/2002

954 294 0904

CR2E034 (4/02)



*Attachments*

July 5, 2002  
Peters & Kelly Management Corp. of Florida  
6257 NW 171 Street  
Hialeah, FL 33015

123224

Division of Corporations  
UBR Filings  
P.O. Box 1500  
Tallahassee, FL 32302

To Whom It May Concern:

This letter is in Reference to UBR Document # P01000114279. Our corporation received this first correspondence in June 2002. We never received any prior notification within the January 1 - May 1 2002 deadline. We are paying the original fee of \$150.00 without penalty. Thank you for your cooperation in this matter.

Sincerely,

John Peters