

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 25 PM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000047851

1. Entity Name
PETRANDIS MORTGAGE AND INVESTMENTS, INC.



Principal Place of Business
9105 OLD ST. AUGUSTINE RD.
TALLAHASSEE, FL 32311

Mailing Address
9105 OLD ST. AUGUSTINE RD.
TALLAHASSEE, FL 32311

2. Principal Place of Business
~~Petrandis~~
Suite, Apt. #, etc.
4178 Apalachee Pkwy.
Tallahassee, FL 32311

3. Mailing Address
~~Petrandis~~
Suite, Apt. #, etc.
4178 Apalachee Pkwy.
Tallahassee, FL 32311



☐ CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

4. FEI Number ☒ Applied For
Not Applicable

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

PETRANDIS, JOHNNY II
9105 OLD ST. AUGUSTINE RD.
TALLAHASSEE, FL 32311

Name

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

~~Johnny~~ Petrandis
4178 Apalachee Pkwy.

City

Tallahassee, FL 32311

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. 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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003, Fee will be \$350.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME ~~PO 05~~ Johnny Petrandis, II
STREET ADDRESS 4178 Apalachee Pkwy.
CITY-ST-ZIP Tallahassee, FL 32311

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
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
700021270367
07/02/03--01030--024 **150.00

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Due to problems with the mailing address, the annual report for this business entity was not received. Please waive the late fee for this report.

A handwritten signature in black ink, appearing to be 'J. R.', is written over a horizontal line.