

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90259 038 \*\*\*150.00

**DOCUMENT # P02000051958**

**1. Entity Name**  
**PURPLE PEACH, INC.**



**Principal Place of Business**  
10885 NW 66TH COURT  
PARKLAND FL 33076

**Mailing Address**  
10885 NW 66TH COURT  
PARKLAND FL 33076

**2. Principal Place of Business**  
5818 NW 126<sup>th</sup> Terrace  
Suite, Apt. #, etc.

**3. Mailing Address**  
5818 NW 126<sup>th</sup> Terrace  
Suite, Apt. #, etc.

**City & State**  
Coral Springs, FL  
**Zip**  
33076  
**Country**  
USA

**City & State**  
Coral Springs, FL  
**Zip**  
33076  
**Country**  
USA

**4. FEI Number**  
03-0446322

**Applied For**  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

ROSENBERG, ARHTUR R  
4875 NORTH FEDERAL HIGHWAY 7TH FLOOR  
FORT LAUDERDALE FL 33308

**7. Name and Address of New Registered Agent**

**Name**  
Kipnis Tescher Lippman + Valinsky, P.A.  
**Street Address (P.O. Box Number is Not Acceptable)**  
100 Northeast Third Avenue  
**Suite**  
610  
**City**  
Fort Lauderdale  
**FL**  
**Zip Code**  
33301

**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** *Kipnis Tescher Lippman + Valinsky*  
Signature, typed or printed name of registered agent and title if applicable.

*Jay Valinsky, Vice President*  
(NOTE: Registered Agent signature required when reinstating)

*2/11/03*  
DATE

**FILE NOW IN FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

|   |  |                                 |
|---|--|---------------------------------|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br>MORGAN, GRANT<br>10885 NW 66TH COURT<br>PARKLAND FL 33076     | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CEO</b><br>O'GORMAN, CLIFF<br>10885 NW 66TH COURT<br>PARKLAND FL 33076  | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br>SUMMERS, JENNIFER<br>10885 NW 66TH COURT<br>PARKLAND FL 33076 | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|   |   |  |
|---|---|--|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>Morgan, Grant<br>5818 NW 126 <sup>th</sup> Avenue<br>Coral Springs, FL 33076        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>O'Gorman, Cliff<br>5818 NW 126 <sup>th</sup> Avenue<br>Coral Springs, FL 33076      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S, D</b><br>Summers, Jennifer<br>5818 NW 126 <sup>th</sup> Avenue<br>Coral Springs, FL 33076 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P CEO</b><br>Summers, Ronald<br>5818 NW 126 <sup>th</sup> Avenue<br>Coral Springs, FL 33076  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

**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:**

*Ronald Summers, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date *2/5/03* Daytime Phone # *954-227-6662*

CR2E034 (10/02)