

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90113 032 ***150.00

DOCUMENT # P02000065997

1. Entity Name
PETERMAN-WALL, INC.



Principal Place of Business
**19701 BEXLEY ROAD
LAND O' LAKES FL 34639**

Mailing Address
**19701 BEXLEY ROAD
LAND O' LAKES FL 34639**

2. Principal Place of Business

2425 Old Cypress Creek Rd
Suite, Apt. #, etc.

3. Mailing Address

2425 Old Cypress Creek Rd
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Land O'Lakes, FL

City & State
Land O'Lakes, FL

4. FEI Number
48-1266177

Applied For
☐ Not Applicable

Zip
34639

Country
USA

Zip
34639

Country
USA

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

6. Name and Address of Current Registered Agent

**WALL, VIKKI T
19701 BEXLEY ROAD
LAND O' LAKES FL 34639**

7. Name and Address of New Registered Agent

Name

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

City

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 **Vikki T. Wall**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/14/03
DATE

**FILE NOW!!! 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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **PETERMAN, PATRICIA D**
STREET ADDRESS **19701 BEXLEY ROAD**
CITY-ST-ZIP **LAND O' LAKES FL 34639**

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

TITLE **D** ☐ Delete
NAME **WALL, VIKKI T**
STREET ADDRESS **19701 BEXLEY ROAD**
CITY-ST-ZIP **LAND O' LAKES FL 34639**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **PATRICIA D. PETERMAN** (PATRICIA D. PETERMAN) **2/14/03** **813/909-2092**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT / DTR Date Daytime Phone #

CR2E034 (10/02)