

# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90988 043 \*\*\*150.00

DOCUMENT # **P0200008Y181**

1. Entity Name  
**A PERMIT PLANNERS INC.**

Principal Place of Business Mailing Address  
**6327 RIVERWALK LANE #3**  
**JUPITER FL 33458-7955**

2. Principal Place of Business 3. Mailing Address  
**6327 RIVERWALK LANE #3** **6327 RIVERWALK LANE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**#3**

City & State City & State  
**JUPITER FL** **JUPITER FL**  
 Zip Country Zip Country  
**33458** **FL** **33458** **FL**

4. FEI Number Applied For  
**51-0420477** ☐ Not Applicable  
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PETER NUNEZ**  
**6327 RIVERWALK LANE #3**  
**JUPITER FL 33458**

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.

SIGNATURE **P**  
 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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>PETER NUNEZ</b> <b>6327 RIVERWALK LANE #3</b> <b>JUPITER FL 33458</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information furnished 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, unchanged, or on an attachment with an address, with all other like empowered

SIGNATURE: **Peter Nunez** **04/02/03** **561-801-2168**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034 (10/00)