

P03000153226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200082762612

01/16/07--01020--011 \*\*35.00

*RA Change  
fees*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 JAN 16 PM 12:54

FILED

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Peter Jacobsen Enterprises, inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000153226

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Loretta McCool  
(Name of Contact Person)

Unisearch, Inc.  
(Firm/Company)

PO Box 12054  
(Address)

Salem, OR 97309-0054  
(City/State and Zip Code)

For further information concerning this matter, please call:

Loretta McCool at ( 800 ) 554-3113, ext. 1010  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



**NATIONAL  
REGISTERED  
AGENTS, INC**

## *Filing Request*

January 11, 2007

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

Subject:	<b>PETER JACOBSEN ENTERPRISES, INC. Document no.: P03000153226</b>
Form(s) Enclosed:	STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS (2 copies)
Amount of check enclosed: Payable to:	\$35.00, <i>please issue a receipt</i> <b>FL DEPT. OF STATE</b>
Return Via:	Regular mail
Filing Method:	ROUTINE

**If you have any questions, or if you cannot process this request for any reason, please do not hesitate to contact me at the number listed below.**

**REF: COA**

***Please return to:***

***Loretta McCool***

**Unisearch, Inc.**

3533 Fairview Industrial Dr. SE

Salem, OR 97302-1155

Ph: 800-554-3113 Ext: 1010

Fax: (800) 554-3114

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Peter Jacobsen Enterprises, Inc.

2. The principal office address: 3461 Bonita Bay Blvd, Bldg B, Bonita Springs, FL 34134

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/18/2003 Document number: P03000153226

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

2007 JAN 16 PM 12:54  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

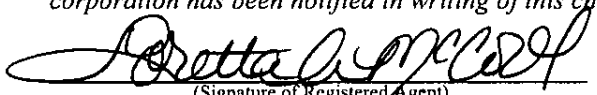
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Peter Jacobsen, Pres.  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
(Signature of Registered Agent)

1-11-2007  
(Date)

If signing on behalf of an entity:

Loretta A McCool, Assistant Secretary  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314