

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P09360

1. Entity Name

PETCOR N.A. CORP.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90095 031 ***150.00

Principal Place of Business

104 BLACK HAWK ST.
REINBECK IA 50669

Mailing Address

P.O. BOX A
REINBECK IA 50669-0155
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

42-1034730

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FISHER, LEIGH
4000 DEL PRADO BLVD
1505 SE 40 STREET
CAPE CORAL FL 33904

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

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, 2000 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	PTD PETERSON, CORDELL Q 4019 SE 20TH PL #603 CAPE CORAL FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PETERSON, GALE M. JR. 302 BLACKHAWK ST. REINBECK IA	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD HOEPFNER, ELDON R. 611 PINE ST. REINBECK IA	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT PETERSEN, JAMES I 151 EASTGATE DR REINBECK IA	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 104 BLACKHAWK ST REINBECK IA 50669	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 104 BLACKHAWK ST REINBECK IA 50669	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	104 BLACKHAWK ST REINBECK IA 50669	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARK PETERSON DIRECTOR 104 BLACKHAWK ST REINBECK IA 50669	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 11 or Block 12 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 (9/99)