## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # P09360** PETCOR N.A. CORP. 01-29-2001 90035 021 \*\*\*150.00 Principal Place of Business Mailing Address 104 BLACK HAWK ST. P.O. BOX A REINBECK IA 50669 REINBECK IA 50669-0155 610080 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 42-1034730 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FISHER, LEIGH Street Address (P.O. Box Number is Not Acceptable) 4000 DEL PRADO BLVD **1505 SE 40 STREET** CAPE CORAL FL 33904 City Zip Code FŁ 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD ☐ Delete TITLE ☐ Addition Change PETERSON, CORDELL Q NAME NAME 104 BLACKHAWK ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **REINBECK IA 50669** CITY-ST-ZIP VSD Delete TITLE Change ☐ Addition NAME PETERSON, GALE M. JR. NAME STREET ADDRESS 104 BLACKHAWK ST STREET ADDRESS CITY-ST-ZIP **REINBECK IA 50669** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PETERSEN, JAMES I NAME NAME 104 BLACKHAWK ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP REINBECK IA 50669 CITY-ST-ZIP TITLE ☐ Delete TITLE X Change ☐ Addition Peterson, MARK PETERSON, MARY NAME NAME STREET ADDRESS 104 BLACKHAWK ST STREET ADDRESS CITY-ST-ZIP REINBECK IA 50669 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.