## 2000 UNIFORM BUSINESS REPORT (UBR)

WHORE AND TYPED OR PRINTED NAME OF SIGNIN

## **FILED** Mar 15, 2000 8:00 am Secretary of State DOCUMENT # **P92000007843** 1. Entity Name PEJO, INC. 03-15-2000 90140 006 \*\*\*150.00 Principal Place of Business Mailing Address 3316 PINE HILL TRAIL 3316 PINE HILL TRAIL PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418-3502 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0377525 Not Applicable Zip Country Zip) Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ---6. Name and Address of Current Registered Agent Name MORPURGO DE BILT, PEGGY A Street Address (P.O. Box Number is Not Acceptable) 3316 PINE HILL TRAIL PALM BEACH GARDENS FL 33418 City 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. DATE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE Change TITLE □ De¹ete DEBILT, PEGGY A NAME NAME STREET ADDRESS STREET ADDRESS 3316 PINE HILL TRAIL CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Change ☐ Addition ☐ Delete TITLE TITLE DEBILT, JOHANNES A NAME NAME STREET ADDRESS STREET ADDRESS 3316 PINE HILL TRAIL CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 and if 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 dustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if an address with all other like empowered. 13. I hereby certify that the information sup. indicated on this report or supplemen of the corpor

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