

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000019878

1. Entity Name

THE PEPPER ENGINEERING GROUP, INC.

FILED

Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90259 041 ***150.00

Principal Place of Business

Mailing Address

78301 SW 61 MANOR
FT LAUDERDALE FL 33332

P O BOX 266348
WESTON FL 33326
US

00015610



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

182 NE 168 ST

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

N. MIAMI BEACH FL

City & State

Zip

Country

33162

US

Zip

Country

4. FEI Number 65-0399735

Applied For

Not Applicable

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

FERDIE, AINSLEE R
717 PONCE DE LEON BLVD.
#215
CORAL GABLES FL 33134

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, 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 ☐ Delete
NAME D
STREET ADDRESS PEPPER, JOHN
CITY-ST-ZIP P O BOX 266348
WESTON FL 33326

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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

GROB McLOUGAN, VP

1/12/2001

Daytime Phone #

(305) 655-1115

CR2E034 (10/00)