## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P93000078670

## PETER OF FLORIDA REALTY, INC.

Principal Place of Business

Mailing Address

1601 WEST MARION AVE.

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

(See criteria on back)

P.O DRAWER 511447

Suite, Apt. #, etc.

City & State

Zip

**UNIT 203** PUN

PUNTA GORDA FL 33951-1447

TA GURDA ISLES FL 33950	08	
Principal Place of Business	3. Mailing Address	

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

Applied For 65-0448163 Not Applicable

FILED

May 02, 2000 8:00 am Secretary of State

05-02-2000 90035 006 \*\*\*158.75

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Country

Name

Street Address (P.O. Box Number is Not Acceptable)

(NOTE: Registered Agent signature required when reinstating)

DATE

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, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

HACKETT, JACK O II

115 WEST OLYMPIA AVE. PUNTA GORDA FL 33950

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition DPST Delete TITLE JAMES, PETER N NAME STREET ADDRESS 1601 W. MARION AVE., UNIT 203 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA ISLES FL 33950 Addition Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE → □ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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