# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 07, 2003 8:00 am**
**Secretary of State**
04-07-2003 90838 001 *****8.75
04-07-2003 90838 002 ***150.00

DOCUMENT # P93000087328

1. Entity Name
PATRICIA CESARIO PELLETIER, INC.

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1370 N.E. DIXIE HWY. | 608 LIGHTHOUSE DRIVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: JENSEN BEACH, FL | City & State: NORTH PALM BEACH, FL |
| Zip: 34957 Country: U.S.A. | Zip: 33408 Country: U.S.A. |

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0451915 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CAROL C. WOOD

Street Address (P.O. Box Number is Not Acceptable): 608 LIGHTHOUSE DRIVE

City: NORTH PALM BEACH FL Zip Code: 33408

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] CAROL C. WOOD 1/6/03
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP | P, V, S, T<br>CAROL C. WOOD<br>608 LIGHTHOUSE DRIVE,<br>~~NORTH PALM BEACH FL 33408~~ |
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] CAROL C. WOOD 1/6/03 561-635-9496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #