

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000003842**

1. Entity Name

**PETERS ENERGY INDUSTRIES, INC.****FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90013 042 \*\*\*550.00

Principal Place of Business

6481 W. SUNRISE BLVD.  
PLANTATION FL 33313  
US

Mailing Address

224 NW 121ST AVE  
CORAL SPRINGS FL 33071

2. Principal Place of Business

224 NW 121<sup>st</sup> AVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

CORAL SPRINGS, FL

City &amp; State

Zip

33071-8039

Country

Zip

Country

4. FEI Number

65-0459427

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**JANKOWSKI, JOHN F JR  
1200 S PINE ISLAND RD  
SUITE 220  
PLANTATION FL 33324-4406**7. Name and Address of New Registered Agent**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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**

TITLE	DPS	<input type="checkbox"/> Delete
NAME	PETERS, DAVID F	
STREET ADDRESS	224 NW 121ST AVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERS, DOROTHY A	
STREET ADDRESS	224 NW 121ST AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 Required**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-00

Date

954-344-9585

Daytime Phone #