

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070387

1. Entity Name  
**PIEKU ENTERPRISES, INC.**

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**  
02-27-2001 90313 043 \*\*\*150.00

Principal Place of Business  
**2503 S KIRKMAN RD**  
**ORLANDO FL 32811**  
**US**

Mailing Address  
**2503 S KIRKMAN RD**  
**ORLANDO FL 32811**  
**US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3298413** 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

**EHLERS, PETER**  
~~**3453 BELLINGTON DR**~~ **2503 S KIRKMAN RD**  
~~**ORLANDO FL 32835**~~ **ORLANDO, FL 32811**

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 \_\_\_\_\_ (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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>P</b>			
	<b>EHLERS, PETER</b>			
	<del><b>3453 BELLINGTON DR</b></del>	<b>2503 S. KIRKMAN RD</b>		
	<del><b>ORLANDO FL 32835</b></del>	<b>ORLANDO, FL 32811</b>		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *Peter Ehlers* **2/20/01 407-523 4200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)