2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

8. The above named entity submits this statement for the purpose of changing its registered office or registered ag

OFFICERS AND DIRECTORS

P94000072721 **DOCUMENT #**

1. Entity Name

PEPER, MARTIN, JENSEN, MAICHEL, & HETIAGE

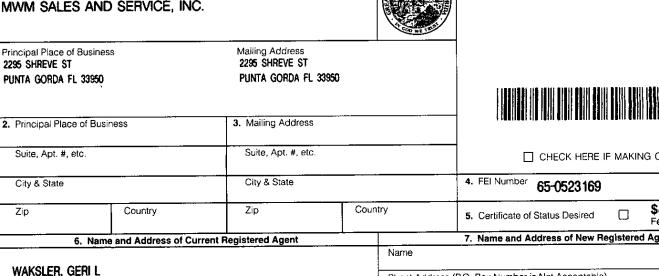
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable

1625 W MARIN AVE, STE 2 PUNTA GORDA FL 33950

the obligations of registered agent.

SIGNATURE



FILED Jan 09, 2003 8:00 am **Secretary of State**

01-09-2003 90070 010 ***150.00

	1	☐ CHECK HERE IF MAKIN	G CHANGES	
	4. F	El Number 65-0523169		plied For t Applicable
5. (Certificate of Status Desired S8.75 Addit Fee Required		litional
	7. 1	lame and Address of New Registered	Agent	
Name				
Street Address	(P.O. B	ox Number is Not Acceptable)		
City		FI	Zip Code	e
gent signature requir	<u></u>	ent, or both, in the State of Florida. I am		· .
	AC	Election Campaign Financing Trust Fund Contribution. DITIONS/CHANGES TO OFFICERS AN	D Added	
ADDRESS T-ZIP			☐ Change	Addition
ADDRESS T-ZIP			☐ Change	Addition
ADDRESS		and the second s	- Change	Addition
T-ZIP			☐ Change	Addition
ADDRESS T-ZIP				l
			☐ Change	☐ Addition

10. ☐ Delete TITLE TITLE Melton, Mickey G NAME STREET ADDRESS 515 VIA TRIPOLI, UNIT B STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL CITY-ST-ZIP **DVPS** ☐ Delete TITLE TITLE NAME Melton, Loretta J NAME STREET ADDRESS 515 VIA TRIPOLI, UNIT B STREET ADDRESS CITY-ST-ZIP **PUNTA GORDA FL** CITY-ST-7IP . Delete -_TITLE NAME MCLAREN, LISA M NAME STREET ADDRESS STREET ADDRESS 515 VIA TRIPOLI, UNIT A CITY-ST-ZIP CITY-ST-ZIP **PUNTA GORDA FL** TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

(NOTE: Registered Agent signature required when re

11.

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 Block 11 if changed, or on an attachment with an address, with all other like empowered. re sident

SIGNATURE: SIGNING OFFICER OR DIRECTO

CR2E034 (10/02)