

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90054 011 ***150.00

DOCUMENT # P94000082729

1. Entity Name
STUART PESTER, INC.



Principal Place of Business
**9100 NW 7TH CT.
HOLLYWOOD FL 33024**

Mailing Address
**9100 NW 7TH CT.
HOLLYWOOD FL 33024**

2. Principal Place of Business

7889 NW 17th Pl

Suite, Apt. #, etc.

3. Mailing Address

7889 NW 17th Pl

Suite, Apt. #, etc.

City & State
Pembroke Pines FL

City & State
Pembroke Pines FL

Zip
33024

Country
Broward

Zip
33024

Country
Broward

4. FEI Number
65-0554700-65-0554752

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HAIRE, BENJAMIN H
5100 W COPANS RD
SUITE 900
MARGATE FL 33063**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **D** ☐ Delete
NAME **PESTER, STUART**
STREET ADDRESS **16262 NW 8TH DR**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **D** ☐ Delete
NAME **PESTER, KIMBERLY**
STREET ADDRESS **16262 NW 8TH DR**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7889 NW 17th Pl**
CITY-ST-ZIP **Pembroke Pines, FL 33024**

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/03 (554) 325-1836

Date Daytime Phone #

CR2E034 (10/02)