

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90165 044 ***150.00

DOCUMENT # P94000090982

1. Entity Name
TIMOTHY D. PETERSON, INC.

Principal Place of Business
1600 SELVA MARINA DR
ATLANTIC BEACH FL 32233

Mailing Address
1600 SELVA MARINA DR
ATLANTIC BEACH FL 32233



DO NOT WRITE IN THIS SPACE

| | | | |
|---------------------------------------|---------|---------------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|--|---|
| 4. FEI Number 59-3286125 | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| PETERSON, TIMOTHY D 1600 SELVA MARINA DR ATLANTIC BEACH FL 32233 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | City |
| | State Zip Code FL |

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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | D PETERSON, TIMOTHY D 1600 SELVA MARINA DR ATLANTIC BEACH FL 32233 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: TIMOTHY D. PETERSON **1/22/02** **904-246-3144**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000125K AV

CR2E034 (9/01)