

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90169 050 \*\*\*150.00

**DOCUMENT # P95000065781**

1. Entity Name  
**SPEEDY FINGERS, INC.**



Principal Place of Business  
1261 KNECHT RD NE  
BREVARD CO FL 32905  
US

Mailing Address  
1261 KNECHT RD NE  
PALM BAY FL 32905  
US

2. Principal Place of Business

**543 Heather Ave. NE**  
Suite, Apt. #, etc.

3. Mailing Address

**543 Heather Ave. NE**  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**Palm Bay, FL**

Zip  
**32907**

Country  
**Brevard**

City & State  
**Palm Bay, FL**

Zip  
**32907**

Country  
**Brevard**

4. FEI Number  
**54-1232538**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**PENDLETON, ALEXA M**  
1261 KNECHT RD NE  
PALM BAY FL 32905

7. Name and Address of New Registered Agent

Name  
**Alexa Pendleton Peronard**  
Street Address (P.O. Box Number is Not Acceptable)  
**543 Heather Avenue NE**  
City **Palm Bay** FL Zip Code **32907**

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 **Alexa P. Peronard**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-21-03**  
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 **P** ☐ Delete  
NAME **PENDLETON, ALEXA M**  
STREET ADDRESS **1261 KNECHT RD NE**  
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **ST** ☐ Delete  
NAME **PERONARD, O LOUIS**  
STREET ADDRESS **1261 KNECHT RD NE**  
CITY-ST-ZIP **PALM BAY FL**

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 **Alexa P. Peronard**  
STREET ADDRESS **543 Heather Avenue NE**  
CITY-ST-ZIP **Palm Bay FL 32907**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **543 Heather Avenue NE**  
CITY-ST-ZIP **Palm Bay FL 32907**

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

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

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

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: **Alexa P. Peronard**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-21-03**  
Date

**321.723.2381**  
Daytime Phone #

CR2E034 (10/02)