

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000068332

1. Entity Name

THERESA M. PETERSON, P.A.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90717 029 ***150.00

Principal Place of Business

Mailing Address

2330 HOLLYWOOD BOULEVARD
 HOLLYWOOD FL 33020

2330 HOLLYWOOD BOULEVARD
 HOLLYWOOD FL 33020-6703

2. Principal Place of Business

3. Mailing Address

2425 Hollywood Blvd

← same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hollywood, FL

—

Zip

Country

Zip

Country

33020

USA

33020

—

4. FEI Number

65-0602463

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PETERSON, THERESA M ESQ.
 2330 HOLLYWOOD BOULEVARD
 HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name: Theresa M Peterson, Esq.
 Street Address (P.O. Box Number is Not Acceptable):
 2425 Hollywood Blvd
 Hollywood
 City: FL Zip Code: 33020

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

Theresa M Peterson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/2000

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, 2000 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

TITLE: PSTD
 NAME: PETERSON, THERESA M
 STREET ADDRESS: 2330 HOLLYWOOD BOULEVARD
 CITY-ST-ZIP: HOLLYWOOD FL 33020 ☐ Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PSTD
 NAME: Theresa M Peterson
 STREET ADDRESS: 2425 Hollywood Blvd
 CITY-ST-ZIP: Hollywood, FL 33020 ☒ Change ☐ Addition

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

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 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Change ☐ 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:

Theresa M Peterson, Esq.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/2000 954 963-9255

CR2F024 (9/99)