

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90524 024 \*\*\*150.00

**DOCUMENT # P96000017272**

1. Entity Name

**MOUND STREET INVESTMENTS, INC.**



Principal Place of Business  
**9396 127TH AVENUE NORTH**  
**LARGO FL 33773**  
**US**

Mailing Address  
**9396 127TH AVENUE NORTH**  
**LARGO FL 33773**  
**US**

2. Principal Place of Business

**11270 HARBORSIDE DR**

Suite, Apt. #, etc.

3. Mailing Address

**11270 HARBORSIDE DR**

Suite, Apt. #, etc.

City & State

**LARGO FL**

City & State

**LARGO FL**

Zip

**33773**

Country

**USA**

Zip

**33773**

Country

**USA**

4. FEI Number

**59-3362306**

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

**RANDY PEFFLY**  
**9396 127TH AVE N**  
**LARGO FL 33773**

7. Name and Address of New Registered Agent

Name

**RANDY PEFFLY**

Street Address (P.O. Box Number is Not Acceptable)

**11270 HARBORSIDE DR**

City

**LARGO**

FL

Zip Code

**33773**

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

*Randy Peffly*

**RANDY PEFFLY**

**11/17/03**

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

(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	PTD	<input type="checkbox"/> Delete
NAME	PEFFLY, RANDY LEE	
STREET ADDRESS	95 ROYAL PALM CIR	
CITY-ST-ZIP	LARGO FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	PEFFLY, JAMES N	
STREET ADDRESS	9396 127TH AVE N	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDY L. PEFFLY	
STREET ADDRESS	11270 HARBORSIDE DR	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES N. PEFFLY	
STREET ADDRESS	11270 HARBORSIDE DR	
CITY-ST-ZIP	LARGO FL 33773	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

*Randy Peffly* **REKANDY PEFFLY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/17/03**

Date

**(727) 399-9861**

Daytime Phone #

CR2E034 (10/02)