

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000052248

1. Entity Name  
**PESPEDO CORPORATION**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90970 012 \*\*\*150.00

Principal Place of Business

6860 GULF PORT BLVD  
#900  
S PASADENA FL 33707-2108  
US

Mailing Address

%GULF TAX INC  
6860 GULFPORT BLVD, STE 900  
ST PETERSBURG FL 33707-108  
US

2. Principal Place of Business

5611 21st WY S

3. Mailing Address

Suite, Apt. #, etc.

APT # 2304

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

City & State

Zip

33712

Country

Country

4. FEI Number **59-3386741**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEVADA HOLDINGS INC-BRIAN LIGHT  
6860 GULFPORT BLVD  
STE 902  
S PASADENA FL 33707-2108

Name

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

STE # 900

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.

SIGNATURE

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

(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) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **ELBERT, PETER H**  
STREET ADDRESS **6860 GULFPORT BLVD, STE #900**  
CITY-ST-ZIP **ST PETERSBURG FL 08**

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

TITLE **VP** ☐ Delete  
NAME **ELBERT, DORIS**  
STREET ADDRESS **6860 GULFPORT BLVD, STE 900**  
CITY-ST-ZIP **ST PETERSBURG FL 08**

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

TITLE **S** ☐ Delete  
NAME **LIGHT, BRIAN**  
STREET ADDRESS **6860 GULFPORT BLVD, STE 900**  
CITY-ST-ZIP **ST PETERSBURG FL 08**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

**Brian Light** BRIAN LIGHT - Sec

Date

Daytime Phone #

CR2E034 (10/00)