## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## FILED Mar 21, 2000 8:00 am Secretary of State DOCUMENT # **P96000073247** 1. Entity Name A.J. PETERSON, INC. 03-21-2000 90054 010 \*\*\*150.00 Principal Place of Business Mailing Address 14011 SW 21ST STREET 14011 SW 21ST STREET DAVIE FL 33325 DAVIE FL 34990-2401 3. Mailing Address 2. Principal Place of Business 209 SW 1815 ST Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0694471 Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PETERSON, ANTOINETTE J **14011 SW 21ST STREET** DAVIE FL 33325 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition TITLE TITLE ☐ Defete PETERSON, ANTOINETTE PETERSON, ANTOINETTE J **PMANE** NAME 1209 SWIBIS STREET PALM CITY, FL 34990 STREET ADDRESS 14011 SW 21ST STREET STREET ADDRESS CITY-ST-ZIP DAVIE FL 33325 CITY - ST- 7IP Change ☐ Delete Addition TITLE TITLE PETERSON, MARK 1209 SWIBIS STREET PALM CITY, FL 3499( PETERSON, MARK 14011 SW 21ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAVIE FL 33325 CITY-ST-ZIP Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 nental 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 or trustee empowered to expect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information indicated on this report or sur changed, or on an attachmer