

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
 04-04-2001 90098 040 ***150.00

0438258

DOCUMENT # P96000073247

1. Entity Name
A.J. PETERSON, INC.

Principal Place of Business

Mailing Address

**44 SW ALBANY AV-
 STUART FL 34994
 US**

**1209 SW IBIS ST
 PALM CITY FL 34990
 US**

938911



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1209 SW IBIS ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM CITY, FL

Zip

Country

Zip

Country

34990

U.S.A.

4. FEI Number

65-0694471

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

**PETERSON, ANTOINETTE J
~~1209 SW IBIS STREET~~
 DAVIE FL 33325**

Name

ANTOINETTE J. PETERSON

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

1209 SW IBIS STREET

City

PALM CITY

FL

Zip Code

34990

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

Antoinette Peterson **ANTOINETTE PETERSON, PRESIDENT 4-1-01**

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 **D** ☐ Delete
 NAME **PETERSON, ANTOINETTE J**
 STREET ADDRESS **1209 SW IBIS STREET**
 CITY-ST-ZIP **PALM CITY FL 34990**

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

TITLE **D** ☐ Delete
 NAME **PETERSON, MARK**
 STREET ADDRESS **1209 SW IBIS STREET**
 CITY-ST-ZIP **PALM CITY FL 34990**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Antoinette Peterson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ANTOINETTE PETERSON 4-1-01 5612887286

CR2E034 (10/00)