


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90058 048 \*\*\*550.00

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AV

<b>DOCUMENT #</b> P96000084964	
<b>1. Entity Name</b> PETER'S AUTO SALES, INC.	

<b>Principal Place of Business</b> 3099 NW 28TH ST LAUDERDALE LAKES, FL 33313	<b>Mailing Address</b> 3099 NW 28TH ST LAUDERDALE LAKES, FL 33311
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<b>2. Principal Place of Business</b> 3099 NW 28TH STREET	<b>3. Mailing Address</b> 3099 NW 28TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

<b>City &amp; State</b> LAUDERDALE LAKES FL	<b>City &amp; State</b> LAUDERDALE LAKES FL	<b>4. FEI Number</b> 65-0701103	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> 33311	<b>Country</b> BROWARD	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  THOMPSON, PEARSON M 3099 NW 28TH ST 3099 NW 28TH ST FL 33311	<b>7. Name and Address of New Registered Agent</b>  Name: PEARSON M. THOMPSON Street Address (P.O. Box Number is Not Acceptable): 3099 NW 28TH STREET City: LAUDERDALE LAKES FL Zip Code: 33311
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**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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, PEARSON M 3099 NW 28TH STREET LAUDERDALE LAKES FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** PEARSON M. THOMPSON **SIGNATURE REQUIRED** PEARSON M. THOMPSON 9-8-03 954-739-0084  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)