## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P96000093335

1. Entity Name

**DOCUMENT#** 

PEFFER CONSULTING GROUP INC.



**FILED** Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90030 001 \*\*\*150.00

Principal Place of Business		oonoozima anoon, ma												
REY BISCANNE FL 33149  2. Principal Place of Business  3. Mailting Address P O BDX 430 ROS.  Situ. Apl. 4, flot.  Cry & State  A. FEI Number 65-0708631  Application Poly & State  A. FEI Number 65-0708631  Application Poly & State  A. FEI Number 65-0708631  Application Poly & State Poly & St	1111 CRANDO		1111 CRANDON BLVD.											
Suite, Apt. III, III.  Street, Apt. III.  FILE NOW!!! FEEL IS \$150.00  Make Check Pagable to Fording Department of State  1. Application  Sines Application  In Application  Sines (P.O. Box Number is Not Acceptable)  The Sales of Fording is required agent.  Sines (P.O. Box Number is Not Acceptable)  The Department of the purpose of changing its registered agent, or both, in the Sales of Fording I am familiar with, and accept the obligations of gets aleed agent.  Signature Grown or grown or grown or signature of State  The Above named entry submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the Sales of Fording I am familiar with, and accept the obligations of gets aleed agent.  Signature Grown or grown or grown or signature agent with a statement for the purpose of changing its registered diffice or registered agent, or both, in the Sales of Fording I am familiar with, and accept the obligations of gets aleed agent.  Signature Grown or grown or grown or grown or signature for the purpose of changing its registered agent a		E FL 33149												
City & State    City A State	2. Principal P	lace of Business	3. Mailing Address PO BOX 430105				, ,							
Signature   PEFFER, WENDELL G   Street Address of Position of Progression agent or other factorizeds   Street Address of Number is Not Acceptable)   Street Address of Position of Progression agent or other factorized agent.   Street Address of Position of Progression agent or other factorized agent, or both, in the State of Fortida. I am familiar with, and accept the obligations of Progression agent or other factorized agent.   Street Address of Progression agent or other factorized agent.   Street Address of Progression agent or other factorized agent.   Street Address of Progression agent or other factorized agent.   Street Address of Progression agent or other factorized agent.   Street Address of Progression agent or other factorized agent.   Street Address of Progression agent or other factorized agent.   Street Address of Progression agent or other factorized agent.   Street Address of Progression agent or other factorized agent.   Street Address of Progression agent or other factorized agent.   Street Address of Progression agent or other factorized agent.   Street Address of Progression agent or other factorized agent.   Street Address of Progression agent or other factorized agent.   Street Address of Progression agent or other factorized agent.   Street Address of Progression agent or other factorized agent.   Street Address of Progression agent or other factorized agent.   Street Address of Progression agent or other factorized agent.   Street Address of Progression agent or other factorized agent.   Street Address of Progression agent or other factorized agent.   Street Address of Progression agent or other factorized agent.   Street Address of Progression agent or other factorized agent.   Street Address of Progression agent or other factorized agent.   Street Address of Progression agent or other factorized agent.	Suite, Apt.	#, etc.						☐ CHECK HERE IF MAKING CHANGES						
6. Name and Address of Current Registered Agent232421	City & Stat	е	Mity & State FL					4. FEI	05-0708031			<del></del>		
PREFFER, WENDELL G 1111 CRANDON BLVD. #B103 KEY BISCAYNE FL 33149  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 Frorida. I am familiar with, and accept the citigations of registered agent.  SIGNATURE    FILE NOW!!! FEE IS \$150.00	Zip		3 <sup>zi</sup>	重24	#B <sup>Cou</sup>	DS US	SA				□ Fe	e Required		
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current F	Registered	Agent 227	<del>43)</del>	NI		7. Nar	me and Address	of New Regis	stered Ag	ent		
STREET AUGNESS (P.C.) BUX NUTRICES IN STAND BLVD. #B103   KEY BISCAYNE FL 33149    City   FL   Zio Code	OFFFE	MENDELLO			'//	Name								
City   FL   Zip Code							Street Address (P.O. Box Number is Not Acceptable)							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signature   Signature of registered agent agent and reter if apokable.   NOTE: Registered Agent agenture required when reinstating)   DATE	5													
the obligations of registered agent.  SIGNATURE    Signatures typed or printed name of registered agent and site if applicable.   NOTE: Registered Agent signature required when reviewating   DATE	.•					City					FL	Zip Code	<del>)</del>	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE PPEFFER, WENDELL G 1111 CRANDON BLVD. STE. B103 KEY BISCAYNE FL 33149    Delete   MAME STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP   TITLE   Delete   MAME STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP   TITLE   Delete   MAME STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP    TITLE   Delete   MAME STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP    TITLE   Delete   MAME STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP    TITLE   Delete   MAME STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP    TITLE   Delete   MAME STREET ADDRESS   CITY-ST-ZIP    TITLE   DELET			the purpos	se of changing	its registe	red office or	registere	ed agent	t, or both, in the St	tate of Florida	ı. I am far	niliar with,	and accept	
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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:**