

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000101604**

1. Entity Name

PETRESKY INSURANCE AGENCY, INC.**FILED**
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90070 026 ***150.00

00000074



DO NOT WRITE IN THIS SPACE

Principal Place of Business 54 BEAL PKWY., NW FORT WALTON BEACH FL 32548		Mailing Address 54 BEAL PKWY., NW FORT WALTON BEACH FL 32548	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3421198		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PETRESKY, JEFF 54 BEAL PKWY., NW FORT WALTON BEACH FL 32548		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees		11. OFFICERS AND DIRECTORS	
TITLE D	NAME PETRESKY, JEFF	<input type="checkbox"/> Delete	
STREET ADDRESS 54 BEAL PKWY., NW	CITY-ST-ZIP FORT WALTON BEACH FL 32548	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1-9-01 Daytime Phone # 850-243-5303	