

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000026972

1. Entity Name
PETERS, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90013 012 ***150.00

Principal Place of Business
11128 113TH AVE., NORTH
LARGO FL 33778
US

Mailing Address
11128 113TH AVE., NORTH
LARGO FL 33778
US

2. Principal Place of Business
Same
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
City & State
4. FEI Number **59-3432176**
Applied For
Not Applicable

Zip Country Zip Country
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PACZKOWSKI, JANET L
11128 113TH AVE., N
LARGO FL 33778
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 *Janet L. Paczkowski* DATE *4/11/01*
Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | PO | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | PACZKOWSKI, JANET L | | | NAME | | | |
| STREET ADDRESS | 11128 113TH AVE., N | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | LARGO FL 33778 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
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| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
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| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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: *Janet L. Paczkowski* Date *4/11/01*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)