2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with

SIGNATURE: \

Apr 18, 2002 8:00 am § Secretary of State P97000026972 DOCUMENT # 1. Entity Name 04-18-2002 90414 026 ***150.00 PETERS, INC. Principal Place of Business Mailing Address 11128 113TH AVE., NORTH 11128 113TH AVE., NORTH DAMA AMAM LARGO FL 33778 LARGO FL 33778 US 2. Principal Place of Business Mailing-Address 11128 113th AVE AS ABOVE sme Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE pro City & State 4. FEI Number Applied For 59-3432176 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PACZKOWSKI, JANET L Street Address (P.O. Box Number is Not Acceptable) 11128 113TH AVE., N **LARGO FL 33778** City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elests to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01 PACZKOWSKI, JANET L NAME NAME STREET ADDRESS 11128 113TH AVE., N STREET ADDRESS CITY-ST-ZIP **LARGO FL 33778** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAMÉ 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

JAMER PACZKOVSKi 4/1/02 727-398-446