

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000046823**

1. Entity Name

PEGI, INC.**FILED****Feb 09, 2000 8:00 am**
Secretary of State

02-09-2000 90082 023 ***150.00

Principal Place of Business

Mailing Address

2139 UNIVERSITY DRIVE, SUITE 204
CORAL SPRINGS FL 33071**6453 NW 102 TERR**
PARKLAND FL 33076-2357

2. Principal Place of Business

3. Mailing Address

6453 NW 102 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PARKLAND FL

City & State

4. FEI Number

65-0794268

Applied For

Not Applicable

Zip

Country

Zip

Country

33076**USA**5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARDSON, MARGARET
2139 UNIVERSITY DRIVE, SUITE 204
CORAL SPRINGS FL 33071

Name

Street Address (P.O. Box Number is Not Acceptable)

6453 NW 102 TERRACE

City

PARKLAND, FL**FL**

Zip Code

33076

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)

DATE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 ☐ Delete
NAME **P**
STREET ADDRESS **RICHARDSON, MARGARET(PEGI)**
CITY-ST-ZIP **2139 UNIVERSITY DRIVE, SUITE 204**
CORAL SPRINGS FL 33071TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6453 N.W 102 TERRACE**
CITY-ST-ZIP **PARKLAND, FL 33076**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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(5)(g), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-2000**954-755-9181**