## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE. HOLDED PETERSON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## P97000051893 **DOCUMENT #**

1. Entity Name

HAROLD D. PETERSON BUILDERS, INC.



## **FILED** Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90401 021 \*\*\*150.00

Principal Place of Business 914 MILL ROAD LANE PORT ORANGE FL 32127		Mailing Address 914 MILL ROAD LANE PORT ORANGE FL 32127						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		<b>4.</b> F	59-3455145	<del></del>	Applied For Not Applicable	
Zip	Country	Zip	Country	5. 0	Certificate of Status Desired	S8.75 Ac Fee Requir		
	6. Name and Address of Current	Registered Agent		7. N	lame and Address of New Regi	stered Agent		ĺ
			Name					ĺ
-	WILLIAM N ESQUIRE R BEACH AVENUE	Street Address (P.O. I		Iress (P.O. Bo	ox Number is Not Acceptable)			
SUITE 104	•						,	
	BEACH FL 32118		City			FL Zip Co		
the obligat	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registered office or re	egistered age	ent, or both, in the State of Florida	a. I am familiar with	i, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature	required when rei	instating)	DATE	<del></del>	ŀ
Äfter	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State		, , , , , , , , , , , , , , , , , , , ,	Election Campaign Financ Trust Fund Contribution.		00 May Be ed to Fees	
10.	OFFICERS AND	DIRECTORS	11.	AD	DITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 11	۔ ا
NAME	PD PETERSON, HAROLD D 914 MILL ROAD LANE PORT ORANGE FL 32127	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	E004 /10/00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETERSON, MARY PAULINE 914 MILL ROAD LANE PORT ORANGE FL 32127	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	000
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	!
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indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address	true and accurate and that rowered to execute this report	ny signature shall hav as required by Chapt	e the same le	egal effect as if made under oath	n; that I am an office	er or director	