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

**DOCUMENT#** 

P97000086065

1. Entity Name DON PETERS CUSTOM WOODWORK, INC.



**FILED** Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90336 022 \*\*\*150.00

Principal Place of Business 4390 2ND CIRCLE VERO BEACH FL 32968				Mailing Address 4380 2ND CIRCLE VERO BEACH FL 32968				JUULLL				
	Dia a of Division		10.140	Plane Andrean								
2.1/frincipal Place of Business 2625 Tropical Ave.				3. Mailing Address 2625 Tropical Ave.								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State Vero Beach, FI				City & State Vero Beach, Fl.			4		59-3245825			oplied For ot Applicable
Zip 	Country  960 Indian River			Zip Coun 32960 - Ind			ver		Certificate of Status Desired		<b>\$8.75</b> Add Fee Require	
	6. Name a	nd Address of Curre	nt Register	ed Agent		Name		7. N	lame and Address of New R	egistered /	Agent	
PETERS, DONALD L								_				
4380 2ND CIRCLE				Street			Address (P.O. Box Number is Not Acceptable) 2625 Tropical Ave.					
VERO BEACH FL 32968												
	·					City			Beach, Fl.	FL	Zip Cod 329	
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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00									Election Campaign Fir     Trust Fund Contribution			May Be
Make Check Payable to Florida Department of 10. OFFICERS AND D								. A DI	DITIONS/CHANGES TO OFF	ICEDS AND	DIRECTOR	P.INI 11
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12. 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR