

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100786

1. Entity Name
PETER'S PLUMBING AND HOUSE SERVICE, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90040 047 ***150.00

Principal Place of Business

4420 SE 11TH AVENUE
CAPE CORAL FL 33904
US

Mailing Address

4420 SE 11TH AVENUE
CAPE CORAL FL 33904
US

2. Principal Place of Business

4427 S.E. 11th AVE

Suite, Apt. #, etc.

3. Mailing Address

4427 S.E. 11th AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

4. FEI Number

65-0822361

Applied For

Not Applicable

Zip

33904

Country

USA

Zip

33904

Country

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

CHRISTIAN, JUSKA P
4420 SE 11TH AVENUE
CAPE CORAL FL 33904

Name

PETER CHRISTIAN JUSKA

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

4427 S.E. 11th AVE

City

CAPE CORAL

FL

Zip Code

33904

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, 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	D	☐ Delete
NAME	CHRISTIAN JUSKA, PETER	
STREET ADDRESS	4420 SE 11TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	☐ Delete
NAME	JUSKA, SUSANNE	
STREET ADDRESS	4420 SE 11TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	☐ Delete
NAME	CHRISTIAN JUSKA, PETER	
STREET ADDRESS	4420 SE 11TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	☐ Delete
NAME	JUSKA, SUSANNE	
STREET ADDRESS	4420 SE 11TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	☒ Change ☐ Addition
NAME	CHRISTIAN JUSKA, PETER	
STREET ADDRESS	4427 SE 11TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	☒ Change ☐ Addition
NAME	JUSKA, SUSANNE	
STREET ADDRESS	4427 SE 11TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	☒ Change ☐ Addition
NAME	CHRISTIAN JUSKA, PETER	
STREET ADDRESS	4427 SE 11TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	☒ Change ☐ Addition
NAME	JUSKA, SUSANNE	
STREET ADDRESS	4427 SE 11TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ 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(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: *Susanne Juska*, Susanne Juska

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-27-01

Date

941-542-3884

Daytime Phone #

CR2E034 (10/00)