

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108315

1. Entity Name

PETERS ACCOUNTING, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90097 025 \*\*\*158.75

Principal Place of Business

2501 WEST MAIN STREET  
SUITE 108  
LEESBURG FL 34748

Mailing Address

P.O. BOX 492060  
LEESBURG FL 34749-2060  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3460477

Applied For

Not Applicable

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

PETERS, PATRICIA A  
7214 HARBOR VIEW DRIVE  
LEESBURG FL 34788

Name

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

City

FL

Zip Code

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 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 DPT ☐ Delete  
NAME PETERS, PATRICIA A  
STREET ADDRESS 7214 HARBOR VIEW DRIVE  
CITY-ST-ZIP LEESBURG FL 34788

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☒ Delete  
NAME TAYLOR, SHERRY A  
STREET ADDRESS 723 PARK DRIVE  
CITY-ST-ZIP LEESBURG FL 34748

TITLE DS ☐ Change ☒ Addition  
NAME Angie C. Gross  
STREET ADDRESS 45 Rose Street  
CITY-ST-ZIP Umatilla, FL 32784

TITLE DVP ☐ Delete  
NAME MARCHANT, YVONNE C.  
STREET ADDRESS 601 ROSS ST  
CITY-ST-ZIP LEESBURG FL 34748

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 33306 Seashell Lane  
CITY-ST-ZIP Leesburg, FL 34748

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME Thomas L. Tobias  
STREET ADDRESS 10133 Bunker Road.  
CITY-ST-ZIP Leesburg, FL 34788

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME William Partlow  
STREET ADDRESS 211 Weeping Elm Lane  
CITY-ST-ZIP Longwood, FL 32779

TITLE ☐ Delete  
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: Angie C. Gross, Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/00  
Date

(352) 365-7832  
Daytime Phone #

CR2E034 (9/99)