

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90128 016 \*\*\*150.00

**DOCUMENT # P98000000123**



1. Entity Name  
**PETE'S SHELL, INC.**

Principal Place of Business  
~~6009 MERRILL ROAD~~  
~~JACKSONVILLE FL 32277~~

Mailing Address  
~~6009 MERRILL ROAD~~  
~~JACKSONVILLE FL 32277~~



2. Principal Place of Business  
*720 ST. JOHN'S BLUFF Rd. No.*  
Suite, Apt. #, etc. *#4*

3. Mailing Address  
*720 ST. JOHN'S BLUFF Rd. No.*  
Suite, Apt. #, etc. *#4*

CHECK HERE IF MAKING CHANGES

City & State  
*JACKI FLA.*

City & State  
*JACK, FLA.*

4. FEI Number **59-3433033**

Applied For  
Not Applicable

Zip Country  
*32225*

Zip Country  
*32225*

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**

**ELKINS, HAROLD**  
**6061 MERRILL ROAD**  
**JACKSONVILLE FL 32277**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
*720 St John Bluff Rd N*  
*Suite 4*  
City *Jacksonville* **FL** Zip Code *32225*

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>D</b> <b>KOVACS, PETER</b> <b>6009 MERRILL ROAD</b> <b>JACKSONVILLE FL 32277</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 this 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 empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED** *3/11/03* *904-743-1439*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)