

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047436

1. Entity Name

PIET & PETE, INC.

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90013 034 ***150.00

Principal Place of Business

2561 WHITE HORSE RD. E.
JACKSONVILLE FL 32246

Mailing Address

2561 WHITE HORSE RD. E.
JACKSONVILLE FL 32246-1762

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3514639

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEPRELL, SAMUEL L
233 E. BAY ST.
JACKSONVILLE FL 32202

Name **Samuel L Leprell**

Street Address (P.O. Box Number is Not Acceptable)
1930 San Marco Blvd

City **Jacksonville**

FL

Zip Code
32207

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 **P** ☐ Delete
NAME **VAN DER VEEN, DEBORAH LYNN**
STREET ADDRESS **2561 WHITE HORSE RD. E.**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

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

TITLE **S** ☒ Delete
NAME **PATEL, PIYUSHKUMAR L**
STREET ADDRESS **6125 POWERS AVE.**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

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

TITLE **V** ☐ Delete
NAME **VAN DER VEEN, PIETER**
STREET ADDRESS **2561 WHITE HORSE RD E**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Deborah L Vanden Veen**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-2000 904-731 0244
Date Daytime Phone #

CR2E034 (9/99)