

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060653

1. Entity Name

PETERSEN GROUP INVESTMENTS, INC.

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-18-2000 90343 036 ***150.00

Principal Place of Business 10401 PIPER DRIVE NEW PORT RICHEY FL 34654	Mailing Address 10401 PIPER DRIVE NEW PORT RICHEY FL 34654-5139
--	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number	APPLIED FOR	Applied For	Not Applicable
---------------	-------------	-------------	----------------

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PETERSEN, GERALD P 10401 PIPER DRIVE NEW PORT RICHEY FL 34654
--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: 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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERSEN, GERALD P 10401 PIPER DRIVE NEW PORT RICHEY FL 34654 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PETERSEN, MARGARET M 10401 PIPER DRIVE NEW PORT RICHEY FL 34654 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETERSEN, SEAN 10401 PIPER DRIVE NEW PORT RICHEY FL 34654 <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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
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

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: Gerald P. Petersen, President Date: 7/27/00 Daytime Phone #: 727/845-3010

CR2E034 (9/99)

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

59-361255
EIN *300212*
OMB No. 1545-0003

(Rev. February 1998)

Department of the Treasury
Internal Revenue Service

▶ **Keep a copy for your records.**

PLAIN STATELY	1 Name of applicant (legal name) (see instructions) <i>Petersen Group Investments, Inc.</i>	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name <i>Gerald P. Petersen, Ph.D.</i>
	4a Mailing address (street address) (room, apt., or suite no.) <i>10401 Piper Dr</i>	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code <i>New Port Richey, FL 34654</i>	5b City, state, and ZIP code
	6 County and state where principal business is located <i>USA Florida</i>	
	7 Name of principal officer, general partner, grantor, owner, or trustor- SSN or ITIN may be required (see instructions) ▶ <i>274-40-2659</i> <i>Gerald P. Petersen, Ph.D.</i>	

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> Plan administration (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ▶
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶	(enter GEN if applicable)
<input type="checkbox"/> Other (specify) ▶	

8b If a corporation, name the state or foreign country (if applicable) where incorporated
State *Florida* Foreign country

9 Reason for applying (Check only one box.) (see instructions)
 Started new business (specify type) ▶
 Banking purpose (specify purpose) ▶
 Changed type of organization (specify type) ▶
 Purchased going business
 Created a trust (specify type) ▶
 Hired employees (Check the box and see line 12.)
 Created a pension plan (specify type) ▶
 Other (specify)

10 Date business started or acquired (month, day, year) (see instructions) *July 8, 1998*
11 Closing month of accounting year (see instructions) *December*

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) *N/A*

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) *0*
Nonagricultural Agricultural Household

14 Principal activity (see instructions) ▶ *Real estate investment and personal investment*

15 Is the principal business activity manufacturing?
If "Yes," principal product and raw material used ▶
 Yes No

16 To whom are most of the products or services sold? Please check one box.
 Public (retail) Other (specify) ▶ Business (wholesale) N/A

17a Has the applicant ever applied for an identification number for this or any other business?
Note: If "Yes," please complete lines 17b and 17c.
 Yes No

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (month, day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.
Gerald P. Petersen, Ph.D.
Name and title (Please type or print clearly.) ▶ *President*
Business telephone number (include area code) *727/845-3010*
Fax telephone number (include area code)

Signature ▶ *Gerald P. Petersen, Ph.D.* Date ▶ *Nov 22, 1998*

Please leave blank ▶ Geo. Ind. Class Size Reason for applying