

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077856

1. Entity Name

PETER J. PUENTES, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90027 026 \*\*\*150.00

Principal Place of Business

Mailing Address

9736 FRED STREET  
HUDSON FL 34669

9736 FRED STREET  
HUDSON FL 34669-3858

2. Principal Place of Business

10044 Oak Drive

3. Mailing Address

10044 Oak Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hudson FL

City & State

Hudson FL

4. FEI Number

59-3531590

Applied For

Not Applicable

Zip

34669

Country

USA

Zip

34669

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

PUENTES, PETER J  
9736 FRED STREET  
HUDSON FL 34669

Name

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

10044 Oak Drive

City Hudson

FL

Zip Code

34669

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*[Signature]* 3/8/00

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 DPST  
NAME PUENTES, PETER J  
STREET ADDRESS 9736 FRED STREET  
CITY-ST-ZIP HUDSON FL 34669 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10044 Oak Drive  
CITY-ST-ZIP Hudson FL 34669

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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STREET ADDRESS  
CITY-ST-ZIP

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: *[Signature]*

PETER J. PUENTES

*[Signature]* 3/8/00

*[Signature]* (927) 856-0230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #