## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATU

INTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P98000088765 PETERSON INDUSTRIES OF TAMPA BAY, INC. 04-27-2001 90356 034 \*\*\*150.00 Principal Place of Business Mailing Address 12880 AUTOMOBILE BLVD. 7350 NW 37TH AVE CLEARWATER FL 33762 MIAMI FL 33147 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3538291 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CYNAMON, BRUCE Street Address (P.O. Box Number is Not Acceptable) 7350 NW 37TH AVE **MIAMI FL 33147** 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 D CR2E034 (10/00) Addition TITLE TITLE ☐ Delete CYNAMON, BRUCE NAME 7350 NW 37TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF MIAMI FL 33147 CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Delete Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.