

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90092 033 ***158.75

0502292 AV

DOCUMENT # P98000094513

1. Entity Name
MEGATEAM, INC.



Principal Place of Business

Mailing Address

~~6150 BUSY BEE LANE~~ 3845 Old Hwy
LAKELAND FL 33811

~~1028 SUNRISE CT~~ 3845 Old Hwy
LAKELAND FL 33811

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

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

PETERS, MARIE

~~1028 SUNRISE CT~~ 3845 Old Tampa Hwy
LAKELAND FL 33811

Name

Same

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

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Marie B. Peters

8-23-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	P	<input type="checkbox"/> Delete
NAME	PETERS, MARIE	
STREET ADDRESS	6150 BUSY BEE LANE 3845 Old Hwy	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PETERS, TOM	
STREET ADDRESS	6150 BUSY BEE LANE 3845 Old Hwy	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	T	<input type="checkbox"/> Delete
NAME	PETERS, MARIE	
STREET ADDRESS	6150 BUSY BEE LANE 3845 Old Hwy	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	S	<input type="checkbox"/> Delete
NAME	PETERS, NANCY	
STREET ADDRESS	6150 BUSY BEE LANE 3845 Old Hwy	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maxie B. Peters	address
STREET ADDRESS	3845 Old Tampa Hwy	
CITY-ST-ZIP	Lakeland, FL 33811	
TITLE	V.Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Peters	add
STREET ADDRESS	3845 Old Tampa Hwy	
CITY-ST-ZIP	Lakeland, FL 33811	
TITLE	Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maxie Peters	address
STREET ADDRESS	3845 Old Tampa Hwy	
CITY-ST-ZIP	Lakeland, FL 33811	
TITLE	Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Peters	add
STREET ADDRESS	3845 Old Tampa Hwy	
CITY-ST-ZIP	Lakeland, FL 33811	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 FBQU/Peters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-23-03/813-692-3464

Date

Daytime Phone #

CR2E034 (10/02)

New Text Document

Attachment

80142018

P98000094513

MARIE PETERS
3845 OLD TAMPA HWY
LAKE LAND, FL 33811
AUG 26, 2003

FLORIDA DEP STATE
SECRETARY OF STATE
DIVISION OF CORP
PO BOX 6327
TALLAHASSEE, FL 32314

ATTENTION TYRONE SCOTT;

I HAVE BEEN INTRUCTED TO WRITE TO YOU AS FOLLOWS:

I HAVE COMPLETED MY APPLICATION FOR MY RENEWAL FOR MY FL
CORPORATION. HERE IS A CHECK OF \$150.00 FOR MY RENEWAL
PLUS \$8.75 FOR A STATUS REPORT AS REQUIRED.

BECAUSE I DID NOT GET A NOTICE OF THE LATE FEE, PLEASE
KINDLY WAIVE THE LATE FEE FOR 2003.

I THANK YOU VERY MUCH.

SINCERELY YOURS,

Marie B. Peters

MARIE B. PETERS
863-682-3464