## 2002 UNIFORM BUSINESS REPORT (UBR)

## Aug 27, 2002 8:00 am Secretary of State **DOCUMENT #** P99000005384 1. Entity Name PEISER & ASSOCIATES, INC. 08-27-2002 90118 026 \*\*\*550 00 Principal Place of Business Mailing Address 971 VIRGINIA AVE PO BOX 774 STE D PALM HARBOR FL 34682 PALM HARBOR FL 34682 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 Applied For 59-3551790 ---Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GASSMAN, ALAN S ESQ. Street Address (P.O. Box Number is Not Acceptable) 1245 COURT STREET SUITE 102 CLEARWATER FL City 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 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 \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME PEISER, EUGENE S NAME STREET ADDRESS 1880 MARYS MEADOW STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP TITLE **VS** ☐ Delete TITLE Change ☐ Addition NAME PEISER, HAROLD L STREET ADDRESS 1023 MINEOLA CIRCLE STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME

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 encowered.

STREET ADDRESS

CITY-ST-ZIP

Eugene

STREET ADDRESS

CITY+ST-ZIP: (7.)

(4/02)

**CR2E034**