2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address
2340 PLEASANT HILL RD.

DOCUMENT # P9900008356

1. Entity Name

D.K.J. PETERSON, INC.

Principal Place of Business

2340 PLEASANT HILL RD.

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

(ISSIMMEE FL 34746		KISSIMMEE FL 34746-3676						
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 23 . 2011 Applied For			
			 _		45-0896894		ot Applicable	1
Zip	Country	. Žip	_Country		*5.**Certificate of Status Desired			
	6. Name and Address of Current F	egistered Agent			Name and Address of New Regist	ered Agent]
			Name]
	SON, D.E.			Street Address (P.O. Box Number is Not Acceptable)				
	EASANT HILL RD.		<u> </u>					
KISSIMI	MEE FL 34746		ł					
			City			FL Zip Cod	е	1
0 Th	med entity submits this statement for	the surnous of shapping i	to registered office	or registered as	gent or both in the State of Florida	-		1
6. The above had	med entity submits this statement for	the purpose of changing i	is registered office	or registered at	gent, or both, in the orate or honda.			
CIONATURE						•		
SIGNATURE	nature, typed or printed name of registered agent ar	d title if applicable. (NO	TE: Registered Agent sign	nature required when	reinstating)	DATE		
	ion is eligible to satisfy its Intangible pirement and elects to do so. on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		\$550.00	10. Election Campaign Financin Trust Fund Contribution.		0 May Be d to Fees	
11.	OFFICERS AND D		12.			S AND DIRECTOR	S IN 11	1
TITLE		☐ Delete	TITLE	Presid	ent	☐ Change	Addition	14
NAME			NAME	Eleano	r Peterson 🎂			-
STREET ADDRESS			STREET ADDRESS	2340 P	leasant Hill Rd			3
CITY-ST-ZIP			CITY-ST-ZIP	Kissim	Kissimmee FL 34746 Vice-President □ Cha		-/···	٠.,
TITLE		☐ Delete	TITLE			☐ Change	Addition	-
NAME STREET ADDRESS			NAME STREET ADDRESS		E Peterson leasant Hill Rd			
CITY-ST-ZIP			CITY-ST-ZIP	3	mee, FL 34746			
TITLE		☐ Delete	TITLE	Secret		☐ Change	Addition	
NAME			NAME	John H	•			
STREET ADDRESS			STREET ADDRESS		est Virginia Drive			
CITY-ST-ZIP			CITY-ST-ZIP		mee, FL 34744			
TITLE		☐ Delete	TITLE	Treasu	rer	Change	Addition	1
NAME			NAME	Kennet	h Peterson			ļ
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	1735 W	est Virginia Drive			
+ -		□ Delete		Kissim	mee, FL 34744	☐ Change	Addition	1
TITLE NAME		L.) Delete	TITLE NAME		•		M VORIGII	
STREET ADDRESS			STREET ADDRESS	;	,			}
CITY-ST-ZIP			CITY-ST-ZIP		4			1
TITLE		☐ Delete	TITLE	<u> </u>		☐ Change	Addition	1
NAME			NAME	1 '				

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.

Ellann' Velliar

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

May 07, 2000 8:00 am Secretary of State

05-07-2000 90011 048 ***150.00