## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P99000024302 **DOCUMENT #**

1. Entity Name

LAW OFFICES OF PETER G. SHUTTERS, P.A.



## **FILED** Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90201 040 \*\*\*150.00

Suite, Apt. #, etc.   Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   City & State   City & State   Country   Zip   Country   Sp. Certificate of Status Desired   \$8.75 Additional Fee Required   Fee				1 GOO WE THE	<b>'</b>	
Surfa Applied Face of Business	606 SW 3RD A	VE	606 SW 3RD AVE			
Cry & State  Cry & State  Country  Country  Country  Country  Country  Country  S. Conflicted of Status Desired  S. Conflicted of St	2. Principal Place of Business		3. Mailing Address			### <b>####</b> #############################
Zip Country Zip Country S. Certificate of Status Desired Address of New Registered Agent    Name	Suite, Apt. #, etc.		Suite, Apt. #, etc.		- CHECK HERE IF MAKING CHANGES	
S. Certificate or Statitus Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  SHUTTERS, PETER G  608 SW 3RD AVE  OCALA R. 34474  City  FL  Zip Code  City  FL  Zip Code	City & State		City & State		4. FEI Number 59-3562541	
SHUTTERS, PETER G 806 SW SRD AVE  OCALA R. 34474  City  FL  Tup Code  City  City  City  FL  Tup Code  City  Ci	Zip	Country	Zip	Country		
SHUTTERS, PETER G  606 SW 3RD AVE  OCALA FL 34474   6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent. or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. with any accept the obligations of registered agent. with any accept the obligations of registered agent. or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Fiorida Design of Fi		6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered A	gent
80. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tamiliar with and accept the obligations of registered agent.  SIGNATURE    Signature, typed or private named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tamiliar with and accept the obligations of registered agent.  SIGNATURE   Signature, typed or private named agent and the 1 suplicates   (nOTE heightenest Agent signature reduces developed when reduceding)   DATE    FILE NOW!!! FEE IS \$150.00   After May 1, 2003 Fee will be \$550.00   Make Check Payable to Florida Department of State    10.				Name -	<del>and the second of the second </del>	. ~
CITY FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  S				Street Addres	s (P.O. Box Number is Not Acceptable)	
6. 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    Signature, speed or printed name of impatread agent and the it accidence. Profite Registered Agent dignature required when releasancy.    FILE NOW!!! FEE IS \$150.00		· ,				
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE	OCALA FL	. 34474		City	FI	Zip Code
THE COLORS OF registered agent.    SIGNATURE   TILE NOW!!! FEE IS \$150.00			7 (			amiliar with and accent
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PD SHUTTERS, PETER G G06 SW 3RD AVE OCALA FL 34474  TITLE  STREET ADDRESS CITY-ST-2P  TITLE  G06 SW 3RD AVE COCALA FL 34474  TITLE  COCALA FL 34474  TITLE  MAME SIRRET ADDRESS CITY-ST-2P  TITLE  G06 SW 3RD AVE COCALA FL 34474  TITLE  G07 ST-2P  TITLE  G08 SW 3RD AVE G07 ST-2P  TITLE  G08 SW 3RD AVE G07 ST-2P  G07 ST-2P  TITLE  G08 SW 3RD AVE G07 ST-2P  G08 SW 3RD AVE G07 ST-2P  G08 SW 3RD AVE G08 S			t for the purpose of changing it	s registered office of regis	Rered agent, or both, in the state of Florida. Family	arimai with are desept
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	SIGNATURE .	Signature, typed or printed name of registered ago	ent and title if applicable. (NO	PTE: Registered Agent signature requ	ired when reinstating) DATE	
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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:**