

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 09, 2000 8:00 am
Secretary of State

05-09-2000 90138 001 ***150.00

DOCUMENT # P99000028838

1. Entity Name

CURT PETERSON MOVING & DELIVERY SERVICES INC.

Principal Place of Business

Mailing Address

~~1342 COLONIAL BLVD. #K-238~~
~~FT. MYERS FL 33907~~

~~1342 COLONIAL BLVD. #K-238~~
~~FT. MYERS FL 33907-4013~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

~~6220 Arc Way #7~~
~~Suite, Apt. #, etc.~~
~~Fort Myers, FL 33912~~

~~6220 Arc Way #7~~
~~Suite, Apt. #, etc.~~

City & State
Florida

City & State
Fort Myers, Florida

4. FEI Number

65-0921585

Applied For

Not Applicable

Zip
33912

Country
USA

Zip
33912

Country
USA

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

PETERSON, CURT
1342 COLONIAL BLVD., #K-238
FT. MYERS FL 33907

Name

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.

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
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PETERSON, CURT
408 SW 19TH LANE
CAPE CORAL FL 33991 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PETERSON, ANDREA
408 SW 19TH LANE
FT. MYERS FL 33907 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

Curt Peterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00 941-275-0835

CR2E034 (9/99)