2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State
04-08-2002 90225 002 ***150.00

011516 AV

DOCUMENT # P99000030392

1. Entity Name
JEFFREY PETERSON ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2570 PENNSYLVANIA ST. MELBOURNE FL 32904	2570 PENNSYLVANIA ST. MELBOURNE FL 32904

B00060398

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1627 NW 7TH AVE		1627 NW 7TH AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: GAINESVILLE FL		City & State: GAINESVILLE FL	
Zip: 32603	Country: US	Zip: 32603	Country: US

4. FEI Number 59-3577458 ☐ 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
PETERSON, JEFFREY 2570 PENNSYLVANIA ST. MELBOURNE FL 32904	Name: Street Address (P.O. Box Number is Not Acceptable): 1627 NW 7TH AVE City: GAINESVILLE FL Zip Code: 32603

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, 2002 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	SDVT PETERSON, JEFFREY 2570 PENNSYLVANIA ST. MELBOURNE FL 32904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 1627 NW 7TH AVE GAINESVILLE FL 32603	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERSON, JEFFREY 2570 PENNSYLVANIA ST. MELBOURNE FL 32904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 1627 NW 7TH AVE GAINESVILLE FL 32603	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME 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: Jeffrey A. Peterson 4-1-02 (352)246-8598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)