## **FILED** 2003 FOR PROFIT CORPORATION Mar 24, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR P99000030392 **DOCUMENT #** 1. Entity Name 03-24-2003 90206 030 \*\*\*150.00 JEFFREY PETERSON ENTERPRISES, INC. Mailing Address Principal Place of Business 1627 NW 7TH VE 1627 NW 7TH VE GAINESVILLE FL 32603 GAINESVILLE FL 32603 Mailing Address 2. Principal Place of Business NM gang St Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State SIA INES VILLE 4. FEI Number Applied For City & State 59-3577458 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PETERSON, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 1627 NW 7TH AVE **GAINESVILLE FL 32603** CITGAINESVILLE 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 the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition TITLE ISDVT ☐ Delete TITLE NAME PETERSON, JEFFREY NAME aand ST Ilaa NW 1627 NW 7TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32603 GAINES VILLE CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME PETERSON, JEFFREY HAZ NW ZZNN ST STREET ADDRESS STREET ADDRESS 127 NW 7TH AVE CITY-ST-ZIP GAINES VILLE CITY-ST-ZIP GAINESVILLE FL 32603 Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 employeered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachm

SIGNATURE

Daytime Phone #