

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90030 044 ***150.00

DOCUMENT # P99000047647

1. Entity Name

PETER CUMMINGS PROPERTIES, INC.

Principal Place of Business

Mailing Address

100 ANCHOR DRIVE #38
KEY LARGO FL 33037100 ANCHOR DRIVE #38
KEY LARGO FL 33037-5277

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

24 DOCKSIDE LANE

24 DOCKSIDE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB #38

PMB #38

City & State

City & State

KEY LARGO, FL

KEY LARGO, FL

Zip

Zip

33037

33037

Country

Country

US

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDONALD, JAMES W JR.
15600 S.W. 288 STREET STE. 302
HOMESTEAD FL 33033

Name

MULL, PATRICIA B., C.P.A.

Street Address (P.O. Box Number is Not Acceptable)

171 HOOD AVE, SUITE 13

City

TAVERNIER

FL

Zip Code

33070

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 State10. 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CUMMINGS, PETER G
100 ANCHOR DRIVE #38
KEY LARGO FL 33037TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
D, P
CUMMINGS, PETER G
24 DOCKSIDE LANE, PMB #38
KEY LARGO, FL 33037TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 352-361-1111

CR2E034 (9/99)