

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90055 012 ***150.00

DOCUMENT # S32856

1. Entity Name
PEDIANA, INC.

Principal Place of Business
**2521 N. DIXIE HIGHWAY
LAKE WORTH FL 33063**

Mailing Address
**P.O. BOX 8552
CORAL SPRINGS FL 33075**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4982 W. ATLANTIC BLVD

Suite, Apt. #, etc.

City & State
MARGATE FL

City & State

4. FEI Number **65-0251115**

Applied For
Not Applicable

Zip
33063

Country
BROWARD

Zip

Country

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

**PETER J. SCHWEITZER & ASSOCIATES, INC.
2521 N. DIXIE HIGHWAY
LAKE WORTH FL 33063**

Name

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

4982 W. ATLANTIC BLVD

City

MARGATE

FL

Zip Code

33063

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, 2001 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
**P
SCHWEITZER, PETER J
2521 N. DIXIE HIGHWAY
LAKE WORTH FL 33063**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Peter J. Schweitzer
4982 W. ATLANTIC BLVD.
MARGATE FL 33063**

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ 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:

PRES
Peter J. Schweitzer

1/5/01

Date

Daytime Phone #

CR2E034 (10/00)

0493585