

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90130 041 ***150.00

DOCUMENT # S41194

1. Entity Name
THE PEGIGOFF CORPORATION



Principal Place of Business
**823 US HWY. 27. SOUTH
LAKE HAMILTON FL 33851
US**

Mailing Address
**P.O. BOX 616
LAKE HAMILTON FL 33851
US**

11049460



2. Principal Place of Business

29400 US Hwy 27

Suite, Apt. #, etc.

3. Mailing Address

(Same as above)

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Lake Hamilton, FL

City & State

4. FEI Number **59-3082733**

Applied For

Not Applicable

Zip
33851

Country
Polk

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

MATTHEWS, THOMAS W

**823 US HWY 27 S. 29400 US 27
LAKE HAMILTON FL 33851**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P MATTHEWS, PEGI G**
STREET ADDRESS **P.O. BOX 616/823 US HWY 27 S 29400 US 27**
CITY-ST-ZIP **LAKE HAMILTON FL**

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

TITLE ☐ Delete
NAME **MATTHEWS, THOMAS W**
STREET ADDRESS **P O BOX 616 N/A / 823 US HWY 27 S 29400 US 27**
CITY-ST-ZIP **LAKE HAMILTON FL**

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

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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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 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
PEGI G MATTHEWS

Date

Daytime Phone #

CR2E034 (10/02)