

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S75662

1. Entity Name

PEETY INVESTMENTS, INC.

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90155 005 ***558.75

Principal Place of Business

1070 EGRET LAKE WAY
C/O MACHEN-POWERS
MELBOURNE FL 32940
US

Mailing Address

POB 411089
~~C/O MACHEN-POWERS~~
MELBOURNE FL 32940
US

2. Principal Place of Business

C/O DESROSIER'S

3. Mailing Address

40 DESROSIER'S

Suite, Apt. #, etc.

1070 EGRET LAKE WAY

Suite, Apt. #, etc.

PO BOX 411089

City & State

MELBOURNE, FL

City & State

MELBOURNE, FL

Zip

32940

Country

FLORIDA

Zip

32940

Country

FLORIDA

6. Name and Address of Current Registered Agent

DESROSIER'S, SHEILA G
1070 EGRET LAKE WAY
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	PT	<input type="checkbox"/> Delete
NAME	TAUREL, LEON	
STREET ADDRESS	1070 EGRET LAKE WAY	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	DESROSIER'S, SHEILA G	
STREET ADDRESS	1070 EGRET LAKE WAY	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

SHEILA G DESROSIER'S

7/17/00 321 242 6646