

T6929

ORIGINAL

021060-TC9  
CK1769  
\$100.00

1. Name of company or name of individual (not fictitious name or d/b/a): Peter M FRITZ

2. Name under which applicant will do business (fictitious name, etc.): Peter Fritz

3. Official mailing address:  
Street: 504 79th Ave  
P.O. Box: \_\_\_\_\_  
City: St. Pete Beach  
State: FL Zip: 33706

4. Florida address:  
Street: 504 79th Ave  
P.O. Box: \_\_\_\_\_  
City: St. Pete Beach  
State: FL Zip: 33706

5. Structure of organization:

<input checked="" type="checkbox"/>	Individual	DEPOSIT	DATE
<input type="checkbox"/>	Corporation	D 265	OCT 28 2002
<input type="checkbox"/>	General Partnership		
<input type="checkbox"/>	Limited Partnership		
<input type="checkbox"/>	Other: _____		

6. If incorporated in Florida, provide proof of authority to operate in Florida:  
Florida Secretary of State  
Corporate Registration Number: \_\_\_\_\_

- AUS \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- MMS \_\_\_\_\_
- SEC 1 \_\_\_\_\_
- OTH \_\_\_\_\_

Form PSC/CMU-32 (02/99)  
Required by Commission Rule Nos. 25-24.510 & 25-24.511  
File Name: cmu-32.doc

DOCUMENT NUMBER-DATE  
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FPSC-COMMISSION CLERK