2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stephen H. Peck, d.o.

FILED DOCUMENT # 580849 Jan 20, 2000 8:00 am 1. Entity Name STEPHEN H. PECK, D.O., P.A. **Secretary of State** 01-20-2000 90168 011 ***155.00 Mailing Address Principal Place of Business 605 E. BROADWAY 2413 MEMORIAL PKWY PORTLAND TX 79606-4352 PORTLAND TX 78374 2. Principal Place of Business 3. Mailing Address 5318 Peppermill Lane 12071 FM 3522 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-1842443 Abilene, Abilene, Not Applicable Country _ _ . Country. _ \$8.75 Additional 5. Certificate of Status Desired 79601 79606 Taylor Taylor Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PECK, RANDI B Street Address (P.O. Box Number is Not Acceptable) 8207 BARDMOOR PLACE SUITE 202 **LARGO FL 34647** Zin 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** DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) хx Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. \overline{PD} X7 Change TITLE ☐ Delete TITLE Addition PECK, STEPHEN H. D.O. 5318 Peppermill Lane NAME PECK, STEPHEN H. D.O. NAME STREET ADDRESS STREET ADDRESS 605 E. BROADWAY CITY-ST-ZIP Abilene, Tx 79606-4352 CITY-ST-ZIP PORTLAND TX 78374-4121 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P-CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS 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 rue 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. (915)695-232