## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 26, 2001 8:00 am Secretary of State **DOCUMENT # 637430** 1. Entity Name PEEBLES ENTERPRISES, INC. 01-26-2001 90065 030 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 38 P.O. BOX 38 WILDWOOD FL 34785 WILDWOOD FL 34785 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1965430 Not Applicable Zip Country -Zip -Country-5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEEBLES, J.W. Street Address (P.O. Box Number is Not Acceptable) 322 SHOPPING CENTER DR WILDWOOD FL 32785 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME PEEBLES, J.W. STREET ADDRESS 1004 CLEVELAND AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WILDWOOD FL ☐ Delete TITLE Change Addition NAME PEEBLES, PAMELA KAY NAME STREET ADDRESS STREET ADDRESS **2404 SE 18 CIRCLE** CITY-ST-ZIP CITY-ST-ZIP OCALA FL ☐ Delete TITLE Change ☐ Addition TITLE NAME LOCKE, MARGARET PEEBLES NAME STREET ADDRESS STREET ADDRESS 1004 CLEVELAND AVE CITY-ST-ZIP CITY-ST-ZIP WILDWOOD FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

NG OFFICER OR DIRECTOR