

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90373 040 \*\*\*\*\*70.00

**DOCUMENT # F98000004693**

1. Entity Name  
**PEACEMAKERS INTERNATIONAL, INC.**



Principal Place of Business

**655 NW 125TH ST.  
NORTH MIAMI FL 33168**

Mailing Address

**PO BOX 680100  
NORTH MIAMI FL 33168**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **91-1868795**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WILKERSON, RICHARD P  
655 NW 125TH ST.  
NORTH MIAMI FL 33168**

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. 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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>CP</b>	<input type="checkbox"/> Delete
NAME	<b>WILKERSON, RICHARD P</b>	
STREET ADDRESS	<b>655 NW 125TH ST.</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33168</b>	
TITLE	<b>CST</b>	<input type="checkbox"/> Delete
NAME	<b>WILKERSON, ROBYN M</b>	
STREET ADDRESS	<b>655 NW 125TH ST.</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33168</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VANDERBEEK, SCOTT</b>	
STREET ADDRESS	<b>7600 HALEY DR.</b>	
CITY-ST-ZIP	<b>GRANITE BAY CA 95746</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BUNTAIN, FULTON T</b>	
STREET ADDRESS	<b>4531 HARLIN DR.</b>	
CITY-ST-ZIP	<b>SACRAMENTO CA 95826</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 617, 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 REQUIRED**

CR2E037 (10/02)