

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90184 027 \*\*\*150.00

0038341 AV

**DOCUMENT # 322388**

1. Entity Name  
**PEAVY BROTHERS ELECTRIC CO INC**



Principal Place of Business  
**4044 LENOX AVE  
JACKSONVILLE FL 32205**

Mailing Address  
**4044 LENOX AVE  
JACKSONVILLE FL 32205**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1172888**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEAVY, PAUL P**  
**9303 COMMONWEALTH AVE**  
**JACKSONVILLE FL 32220**

*Retired*

Name **Danny S. PEAVY**  
Street Address (P.O. Box Number is Not Acceptable)  
**3214 Jones Road**  
**Jacksonville, Fla. -**  
City **FL** Zip Code **32220**

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 *Danny S. Peavy*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/9/03*  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** *PD* ☐ Delete  
NAME **PEAVY, FOY C**  
STREET ADDRESS **3144 JONES RD.**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Danny S. PEAVY**  
STREET ADDRESS **3214 Jones Rd**  
CITY-ST-ZIP **Jacksonville, Fla. 32220**

TITLE **VD** ☐ Delete  
NAME **PEAVY, PAUL P**  
STREET ADDRESS **9303 COMMONWEALTH AVE.**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **PEAVY, MARY S**  
STREET ADDRESS **3144 JONES RD.**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **PEAVY, B G**  
STREET ADDRESS **9303 COMMONWEALTH AVE.**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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: *Danny S. Peavy* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/9/03*  
Date

Daytime Phone #

CR2E034 (10/02)