

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 91064 006 ***158.75

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DOCUMENT # 361768

1. Entity Name

PEACOCK & LEWIS ARCHITECTS & PLANNERS, INC.



Principal Place of Business

~~2705 PARK STREET~~
LAKE WORTH FL 33460

Mailing Address

~~P.O. BOX 6877~~
WEST PALM BEACH FL 33405

2. Principal Place of Business

11760 US Highway One

Suite, Apt. #, etc.

Suite 102

North Palm Beach FL

Zip
33408

Country
US

3. Mailing Address

11760 US Highway One

Suite, Apt. #, etc.

Suite 102

North Palm Beach FL

Zip
33408

Country
US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1290903**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNEEN, JEFFERY D
1400 CENTREPARK BLVD, STE 1000
WEST PALM BEACH FL 33401

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

*Please change all
addresses in #10 + #11
address in #2*

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	PTD	<input type="checkbox"/> Delete
NAME	NEFF, PAUL E	
STREET ADDRESS	2705 PARK ST.	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	IDLE, BRIAN D	
STREET ADDRESS	2705 PARK STREET	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARDIN, SUSAN S	
STREET ADDRESS	2705 PARK STREET	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KELLY, BRENDA L	
STREET ADDRESS	2705 PARK STREET	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILLER, MITCHELL E	
STREET ADDRESS	2705 PARK ST.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRAIDO, ROBERT	
STREET ADDRESS	2705 PARK ST.	
CITY-ST-ZIP	LAKE WORTH FL 33460	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stone, Craig	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bergman, Donald	
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		
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 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:

SIGNATURE REQUIRED *Paul E. Neff*
President

4/17/03

561 626 9704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)