

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **413976**

1. Entity Name

HIRON H. PECK INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90423 002 ***150.00

Principal Place of Business

4221 BAYMEADOWS RD. #6
JACKSONVILLE FL 32217
US

Mailing Address

4221 BAYMEADOWS RD. #6
JACKSONVILLE FL 32217
US

2. Principal Place of Business

14476 DUVAL PL. W.

3. Mailing Address

14476 DUVAL PL. W.

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

JACKSONVILLE, FL.

City & State

JACKSONVILLE, FL.

Zip

32218

Country

USA

Zip

32218

Country

USA



DO NOT WRITE IN THIS SPACE

4. FBT Number **59-1429064**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PECK, HIRON H JR
4221 BAYMEADOWS RD. #6
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name
HIRON H. PECK JR.
Street Address (P.O. Box Number is Not Applicable)
14476 DUVAL PLACE WEST
101
City
JACKSONVILLE
Zip Code
32218

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

Hiron H. Peck Jr.

3/23/2001

Signature typed or printed name of registered office agent or director

(NOT: Registered Agent signature required when registering)

Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSDT	☐ Delete
NAME	PECK, HIRON H JR	
STREET ADDRESS	4221 BAYMEADOWS RD. #6	
CITY-STATE-ZIP	JACKSONVILLE FL 32217	
TITLE	V	☐ Delete
NAME	PECK, LINDA D	
STREET ADDRESS	4221 BAYMEADOWS RD. #6	
CITY-STATE-ZIP	JACKSONVILLE FL 32217	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME	101	
STREET ADDRESS	14476 DUVAL PL. W.	
CITY-STATE-ZIP	JACKSONVILLE, FL. 32218	
TITLE		☒ Change ☐ Addition
NAME	101	
STREET ADDRESS	14476 DUVAL PL. W.	
CITY-STATE-ZIP	JACKSONVILLE, FL 32218	
TITLE	V	☐ Change ☒ Addition
NAME	CHRISTOPHER W. PECK	
STREET ADDRESS	14476-101 DUVAL PL. W.	
CITY-STATE-ZIP	JACKSONVILLE, FL 32218	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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, changed, or on an attachment with an address, with a letter, or like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/01 (904) 741-6555

Date

Typed Name

CR2E034 (10/00)