

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91224 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 643230**

1. Entity Name  
**PADCO CORPORATION**

Principal Place of Business  
**405 EAST MOODY BOULEVARD**  
**POST OFFICE BOX 128**  
**BUNNELL FL 32110-7128**

Mailing Address  
**405 EAST MOODY BOULEVARD**  
**POST OFFICE BOX 128**  
**BUNNELL FL 32110-7128**

2. Principal Place of Business  
**1 FL PARK DR**  
 Suite, Apt. #, etc.  
**STE 104**

3. Mailing Address  
**1 FLORIDA PARK DR.**  
 Suite, Apt. #, etc.  
**STE 104**

City & State  
**PALM COAST FL**  
 Zip  
**32137**  
 Country  
**USA**

City & State  
**PALM COAST FL**  
 Zip  
**32137**  
 Country  
**USA**

4. FEI Number **59-1952421**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PEAVY, HOWELL V.**  
**405 E. MOODY BLVD**  
**BUNNELL FL 32110**

**7. Name and Address of New Registered Agent**

Name **Michael W. Dillard**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1 FLORIDA PARK DR North**  
 Suite **104**  
 City **Palm Coast** **FL** Zip Code **32137**

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 **Michael W. Dillard**  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-29-02**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PST PEAVY, HOWELL V 405 E. MOODY BLVD., BOX 128 BUNNELL FL 32110</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST DILLARD, MICHAEL W 1 FLORIDA PARK DR PALM COAST FL 32137</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **Michael W. Dillard**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-02**  
 Date

Daytime Phone #

CR2E034 (9/01)