

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766160

1. Entity Name

PEACE ENGINEERING, INCORPORATED

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90147 024 ****61.25

Principal Place of Business

JOHN H. MILLER
104B SPRINGWOOD CIR
LONGWOOD FL 32750
US

Mailing Address

P O BOX 160847
ALTAMONTE SPRINGS FL 32716-0847
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

MILLER JR, JOHN H
104B SPRINGWOOD CIRCLE
LONGWOOD FL 32750

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS HENNESSEY, JOHN R.
CITY-ST-ZIP 35 RUSSIA STREET
SAN FRANCISCO CA

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

TITLE ☐ Delete
NAME PST
STREET ADDRESS MILLER JR, JOHN H
CITY-ST-ZIP 104B SPRINGWOOD CIRCLE
LONGWOOD, FL 00000

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

TITLE ☐ Delete
NAME T
STREET ADDRESS POLLARD, RAMSEY JR
CITY-ST-ZIP 1007 LAYTON DRIVE
WINTER PARK FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 201 RIDGECREST DRIVE
CITY-ST-ZIP ELIZABETH TON, TENNESSEE 37643

TITLE ☐ Delete
NAME D
STREET ADDRESS MILLER JR, JOHN H
CITY-ST-ZIP 104B SPRINGWOOD CIRCLE
LONGWOOD 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 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:

JOHN H. MILLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.5.00

Date

407-260-5982

Daytime Phone #

CR2E037 (9/99)