

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 11, 2002 8:00 am**  
**Secretary of State**

07-11-2002 90243 047 \*\*\*150.00

**DOCUMENT #** 826461

**1. Entity Name**

THE PEBLE OPERATING COMPANY, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
2212 B STREET

Suite, Apt. #, etc.

**3. Mailing Address**  
2212 B STREET

Suite, Apt. #, etc.

**City & State**  
MERIDIAN, MS

**City & State**  
MERIDIAN, MS

**4. FEI Number**  
64-0505176

**Applied For**  
Not Applicable

**Zip**  
39301

**Country**  
USA

**Zip**  
39301

**Country**  
USA

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

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

**Name**  
RAMEY, ALLAN E.

**Street Address (P.O. Box Number is Not Acceptable)**

ONE CIRCLE DRIVE

**City**  
DEFUNIAK SPRINGS

**FL**

**Zip Code**  
32433

**DO NOT WRITE  
IN THIS SPACE**

**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**

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

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25  
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  
CPD  
BROADHEAD, PAUL  
568 E. WOOLBRIGHT ROAD, STE 101  
BOYNTON BEACH, FL 33435

**TITLE**  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**TITLE**  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
BROADHEAD, SHERRY  
2212 B STREET  
MERIDIAN, MS 39301

**TITLE**  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**TITLE**  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VSTD  
COVINGTON, ANGELIA T.  
2212 B STREET  
MERIDIAN, MS 39301

**TITLE**  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**TITLE**  
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**DO NOT WRITE  
IN THIS SPACE**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Angelia T. Covington

Vice President 07/01/02 601-693-0602

Date

Daytime Phone #

CR2E034B (12/01)

B0128653



**Paul Broadhead Interests, Inc.**

*Attadimant*

July 3, 2002

Uniform Business Report  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

RE: THE PEBLE ~~OPERATING~~ COMPANY, INC.  
DOCUMENT #826461

Gentlemen:

Pursuant to the instructions provided on your recorded telephone message, enclosed is the 2002 Uniform Business Report for the referenced corporation along with a check in the amount of \$150 in payment of the annual filing fee.

This letter is to certify that we did not receive the original report form from your office as we normally do each year, and the enclosed form was downloaded from your website, also in accordance with the recorded instructions.

Yours truly,

PAUL BROADHEAD INTERESTS, INC.

*Sherry Howell*  
Sherry Howell

Enclosures