

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90158 045 ***150.00

DOCUMENT # 835904

1. Entity Name
PEEK TRAFFIC, INC.

Principal Place of Business
1500 N. WASHINGTON BLVD.
SARASOTA FL 34236

Mailing Address
1500 N. WASHINGTON BLVD.
SARASOTA FL 34236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1663759**

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

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (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)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PCOO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEEN, PETER L		NAME	David Zenger	
STREET ADDRESS	1500 N WASHINGTON BLVD		STREET ADDRESS	1500 N Washington Blvd	
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEARNS, RICHARD		NAME	James C. Benjamin	
STREET ADDRESS	1500 NORTH WASHINGTON BLVD.		STREET ADDRESS	1500 N. Washington Blvd	
CITY-ST-ZIP	SARASOTA FL 34236		CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, ANDREW		NAME	Andrew Clark	
STREET ADDRESS	1500 N WASHINGTON BLVD		STREET ADDRESS	1500 N. Washington Blvd	
CITY-ST-ZIP	SARASOTA FL 34236		CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, JOSEPH S		NAME		
STREET ADDRESS	1500 N WASHINGTON BLVD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34236		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, JAMES A		NAME		
STREET ADDRESS	1500 N WASHINGTON BLVD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34236		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Michael W. Salceda	
STREET ADDRESS			STREET ADDRESS	1500 N. Washington Blvd.	
CITY-ST-ZIP			CITY-ST-ZIP	Sarasota, FL 34236	

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. Salceda
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02 941-366-8770
 Date Daytime Phone #

CR2E034 (9/01)