2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

F01741 **DOCUMENT #**

1. Entity Name

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT PEEK REALTY AND INVESTMENT CORP.



FILED Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90082 022 ***150.00

Principal Place of Business 1111 NE 25TH AVE. STE 503 PO BOX 3968 OCALA FL 32678		Mailing Address 1111 NE 25TH AVE. STE 503 102 OCALA FL 32678				1004/200 1114 2010 1404 1 3 04 2104 1404		1 01011 01011 100 1
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				. CHECK HERE IF MAKING CHANGES		
City & Stat	te	City & State			4, 1	FEI Number 59-2326311	— —	Applied For Not Applicable
Zip	Country	Zip	ntry	5. (5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current			7. 1	Name and Address of New Registe	ered Agent		
DOZIĘR, (13 NORTI		Name Street Address (P.O.		ss (P.O. B	O. Box Number is Not Acceptable)			
OCALA FI	L 32670							
*	•			City			FL Zip Co	
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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS						Election Campaign Financing Trust Fund Contribution.	☐ Adde	00 May Be ed to Fees
		***************************************	11.		AD	DITIONS/CHANGES TO OFFICERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PEEK, ALBERT B 303 SE 15TH AVE OCALA FL	, Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		i			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAMI STRE	E ET ADDRESS -ST-ZIP	شيد مد نه ن	-a.r.₩	☐. Change	☐-Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	•	I			☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I			☐ Change	Addition
of the corp	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address.	true and accurate and that in wered to execute this report	V sionar	MCE shall have the	e same i	easl effect as if made under eath: th	at I am an officoi	r or director