

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90170 040 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F81425

1. Entity Name
PEEK TRAFFIC SYSTEMS, INC.



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

Mailing Address
1500 N. WASHINGTON BLVD
SARASOTA, FL 34236 US

2. Principal Place of Business
2511 Corporate Way
Suite, Apt. #, etc.

3. Mailing Address
2511 Corporate Way
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Palmetto, FL
Zip
34221
Country
Manatee

City & State
Palmetto, FL
Zip
34221
Country
Manatee

4. FEI Number
06-0880329

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Deborah Turner

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

2511 Corporate Way
City Palmetto FL Zip Code 34221

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 *Deborah L. Turner* *Deborah L. Turner*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

2/5/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ZENGER, DAVID	
STREET ADDRESS	1500N. WASHINGTON BLVD	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	BENJAMIN, JAMES C	
STREET ADDRESS	1500 N. WASHINGTON BLVD	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LEVY, JOSEPH S	
STREET ADDRESS	1500 N. WASHINGTON BLVD	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SALSIEDOR, MICHAEL W	
STREET ADDRESS	1500 N. WASHINGTON BLVD	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	T	<input type="checkbox"/> Delete
NAME	CLARK, ANDY	
STREET ADDRESS	1500 N. WASHINGTON BLVD	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrew Roake	
STREET ADDRESS	2511 Corporate Way	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	EVP, T, COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Earley	
STREET ADDRESS	2511 Corporate Way	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	J. VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy O'Leary	
STREET ADDRESS	2511 Corporate Way	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah L. Turner	
STREET ADDRESS	2511 Corporate Way	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	Asst. Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andy Clark	
STREET ADDRESS	2511 Corporate Way	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: *Deborah L. Turner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah L. Turner 2/5/03 1320
Date Daytime Phone #

CR2E034 (10/02)