## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 11, 2002 8:00 am DOCUMENT # F82457 **Secretary of State** 1. Entity Name 02-11-2002 90076 037 \*\*\*150.00 PECK REALTY COMPANY Mailing Address Principal Place of Business 718 2-B S.W. PORT ST. LUCIE BLVD. 718 2-B S.W. PORT ST. LUCIE BLVD. PALM CITY FL 34990 PORT ST LUCIE FL 34953 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2193622 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PECK JR. ALDEN F Street Address (P.O. Box Number is Not Acceptable) 3726 SW BRASSIE WAY PALM CITY FL 33490 City 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (9/01) ☐ Addition TITLE ☐ Delete TITLE NAME NAME PECK, KEVIN O 1418 NE OAK BLUFF WAY CR2E034 1417 N.E HIGH HAMMOCK LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL 34957 Change Addition TITLE ☐ Delete TITLE DV NAME NAME PECK, ALDEN F. SR. 1761 NW WATERFALL BLVD STREET ADDRESS STREET ADDRESS 32 SW RIVERWAY BLVD CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME PECK, ALDEN F JR STREET ADDRESS STREET ADDRESS 3726 SW BRASSIE WAY CITY-ST-ZIP CITY-ST-7IP PALM CITY FL 34990 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 eath; 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.