

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000562

1. Entity Name

PEEPLS' INDUSTRIES, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90077 013 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 2253

P.O. BOX 2253

SAVANNAH GA 31402

SAVANNAH GA 31402-2253

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-1317514

Applied For

Not Applicable

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

BURCH, KEN
5051 PROPELLER DRIVE
JACKSONVILLE FL 32206

Name Robert Schuler

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

5051 Propeller Drive

City Jacksonville

FL

Zip Code 32226

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 C
NAME PEEPLS, FRANK K
STREET ADDRESS 6001 CHATMAMN DENTER DR., SUITE 350
CITY-ST-ZIP SAVANNAH GA 31405 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6001 Chatham Ctr. Dr. Ste. 350
CITY-ST-ZIP

TITLE D
NAME PEEPLS, ELIZABETH C
STREET ADDRESS 6001 CHATMAMN DENTER DR., SUITE 350
CITY-ST-ZIP SAVANNAH GA 31405 ☒ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME MAYFIELD, E. GAY
STREET ADDRESS 6001 CHATMAMN DENTER DR., SUITE 350
CITY-ST-ZIP SAVANNAH GA 31405 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6001 Chatham Ctr. Dr. Ste. 350
CITY-ST-ZIP

TITLE S
NAME STROUSE, DEBRA M
STREET ADDRESS 6001 CHATMAMN DENTER DR., SUITE 350
CITY-ST-ZIP SAVANNAH GA 31405 ☒ Delete

TITLE ☐ Change ☒ Addition
NAME Ann P. Cox
STREET ADDRESS 6001 Chatham Ctr. Dr. Ste. 350
CITY-ST-ZIP Savannah, GA 31405

TITLE T
NAME BENTON, JOHN R JR.
STREET ADDRESS 6001 CHATMAMN DENTER DR., SUITE 350
CITY-ST-ZIP SAVANNAH GA 31405 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6001 Chatham Ctr. Dr. Ste. 350
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

Ann P. Cox, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann P. Cox

Date

Daytime Phone #

4/11/00 (912) 239-1331

CR2E034 (9/99)