

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003428

1. Entity Name

PEACOCK'S PAINT CENTER, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90040 004 ***150.00

Principal Place of Business

Mailing Address

1952 RAYMOND DIEHL RD
TALLAHASSEE FL 32308
US

PO BOX 3058
VALDOSTA GA 31604-3058

2. Principal Place of Business

1952 Raymond Diehl

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32308

Country

Country

4. FEI Number

58-1566132

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

PATRICK, LYNN
1952 RAYMOND DIEHL RD
TALLAHASSEE FL 32308

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 *Lynn D. Patrick*
Signature, typed or printed name of registered agent and title if applicable.

Lynn D. Patrick

3/24/00

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 CP ☐ Delete
NAME PEACOCK, OTTIS E
STREET ADDRESS 2120 JERRY JONES DR
CITY-ST-ZIP VALDOSTA GA

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

TITLE VD ☐ Delete
NAME LLOYD, BOBBY
STREET ADDRESS 27 OVERLOOK DRIVE
CITY-ST-ZIP SEALE AL 36875

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

TITLE ST ☐ Delete
NAME PATRICK, LYNN
STREET ADDRESS 7518 ZEIGLER ROAD
CITY-ST-ZIP LAKE PARK GA 31636

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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

Lynn D. Patrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/00 912-244-2763

CR2E034 (9/99)