

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91201 004 ***150.00

DOCUMENT # F93000003428

1. Entity Name
PEACOCK'S PAINT CENTER, INC.

Principal Place of Business

**1952 RAYMOND DEIL RD
TALLAHASSEE FL 32308
US**

Mailing Address

**PO BOX 3085
VALDOSTA GA 31604-3085**

2. Principal Place of Business

3. Mailing Address

P.O. Box 3085

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Valdosta, GA

4. FEI Number

58-1566132

Applied For

Not Applicable

Zip

Country

Zip

Country

31604-3085

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.

(Not for Registered Agent signature required when reinstating)

DATE

4/29/02

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, 2002 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 **C7** ☒ Change ☐ Addition
NAME **Thomas Peacock**
STREET ADDRESS **Rt. 1, Box 3250**
CITY-ST-ZIP **Quitman, GA 31643**

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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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

4/29/02 **229-244-2763**
Date Daytime Phone #

CR2E034 (9/01)