

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005089

1. Entity Name

PERIPHERAL PROPERTIES, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90013 016 ***550.00

Principal Place of Business

~~10065 EMERALD COAST PKWY., SUITE C-3~~
~~DESTIN FL 32541~~

Mailing Address

~~10065 EMERALD COAST PKWY., SUITE C-3~~
~~DESTIN FL 32541~~

2. Principal Place of Business

1708 OLD HIGHWAY 98

Suite, Apt. #, etc.

3. Mailing Address

1708 OLD HIGHWAY 98

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DESTIN FL

City & State

DESTIN FL

4. FEI Number

62-1712000

Applied For

Not Applicable

Zip
32550

Country
USA

Zip
32550

Country
USA

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

OLIVER, HOWARD C

~~10065 EMERALD COAST PKWY., SUITE C-3~~
~~DESTIN FL 32541~~

Name

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

1708 OLD HIGHWAY 98

City
DESTIN

FL

Zip Code
32550

☒ 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

Howard C. Oliver

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/12/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME OWENS, PAUL D
STREET ADDRESS ~~10065 EMERALD COAST PKWY., SUITE C-3~~
CITY-ST-ZIP ~~DESTIN FL 32541~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1708 OLD HIGHWAY 98
CITY-ST-ZIP DESTIN FL 32550

TITLE P ☐ Delete
NAME OLIVER, HOWARD C
STREET ADDRESS ~~10065 EMERALD COAST PKWY., SUITE C-3~~
CITY-ST-ZIP ~~DESTIN FL 32541~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1708 OLD HIGHWAY 98
CITY-ST-ZIP DESTIN FL 32550

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Delete
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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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/2000
Date

650 8371660
Daytime Phone #

CR2E034 (5/00)