

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90951 041 \*\*\*150.00

**DOCUMENT # F98000004828**

**1. Entity Name**  
**PEABODY INTERNATIONAL HOLDINGS LIMITED CORP.**



**Principal Place of Business**  
**7802 KINGSPORTE PKWY**  
**105**  
**ORLANDO FL 32819**

**Mailing Address**  
**7802 KINGSPORTE PKWY**  
**105**  
**ORLANDO FL 32819**

**2. Principal Place of Business**

**7802 KINGSPORTE PKWY**

**3. Mailing Address**

**P.O. BOX 690159**

**Suite, Apt. #, etc.**

**208-A**

**Suite, Apt. #, etc.**

**City & State**

**ORLANDO, FL**

**City & State**

**ORLANDO, FL**

**Zip**  
**32819**

**Country**  
**USA**

**Zip**  
**32869**

**Country**  
**WA**



☒ **CHECK HERE IF MAKING CHANGES**

**4. FEI Number** **52-2129198**

**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**

**LOPES, CLAUBER**

**2167 LAKE DEBRA DR. #731**

**ORLANDO FL 32835**

**Name**

**LOPES, CLAUBER**

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

**5512 SPRING RUN AVE**

**City**

**ORLANDO**

**FL**

**Zip Code**

**32819**

**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. I am familiar with, and accept the obligations of registered agent.**

**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**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PC** ☒ **Delete**  
**NAME** **FERREIRA, NELCY DE F**  
**STREET ADDRESS** **615 OCEAN DR APT 11-A**  
**CITY-ST-ZIP** **KEY BISCAYNE FL 33149**

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

**TITLE** **WCT** ☒ **Delete**  
**NAME** **FERREIRA, ANA FATIMA DE N**  
**STREET ADDRESS** **615 OCEAN DR APT 11-A**  
**CITY-ST-ZIP** **KEY BISCAYNE FL 33149**

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

**TITLE** **S** ☐ **Delete**  
**NAME** **LOPES, CLAUBER**  
**STREET ADDRESS** **2167 LAKE DEBRA DR. #731**  
**CITY-ST-ZIP** **ORLANDO FL 32835**

**TITLE** ☒ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS** **5512 SPRING RUN AVE**  
**CITY-ST-ZIP** **ORLANDO FL 32819**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

**04/01/03**

CR2E034 (10/02)