

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90454 018 ***150.00

DOCUMENT # F99000002482

1. Entity Name
PEAK ENTERPRISES OF SOUTH ALABAMA, INC.

Principal Place of Business

RT. 1. BOX 102
BLACK AL 36314

Mailing Address

255 CLARK RD
BLACK AL 36314

2. Principal Place of Business

255 CLARK RD.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Black, AL

City & State

Zip

Country

Zip

Country

36314

USA

4. FEI Number

63-1215558

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOTTMER, PETER

117 N. RACETRACK RD #335

FORT WALTON BEACH FL 36314

7. Name and Address of New Registered Agent

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

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

PEAK, EWELL A
255 CLARK RD
BLACK AL 36314

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPST

PEAK, ELAINE
255 CLARK RD
BLACK AL 36314

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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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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

4/9/02
Date

334-684-6251
Daytime Phone #

CR2E034 (9/01)