

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90048 046 ***158.75

DOCUMENT # G71758

1. Entity Name
PEACOCK FARM, INC.



Principal Place of Business

**714 S BENNETT STREET
PEACOCK FARMS
SOUTHERN PINES NC 28387
US**

Mailing Address

**714 S BENNETT STREET
PEACOCK FARMS
SOUTHERN PINES NC 28387
US**

2. Principal Place of Business

PEACOCK FARMS

3. Mailing Address

PEACOCK FARMS

714 S BENNETT STREET

714 S BENNETT STREET

SOUTHERN PINES, NC 28387

SOUTHERN PINES, NC 28387

Zip

Country

Zip

Country

4. FEI Number

59-2512056

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DOZIER, G., SHEPPARD, W.
9 NORTHEAST FIRST AVENUE
OCALA FL 34470**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
RHODES, WILLARD A
714 S BENNETT ST
SOUTHERN PINES NC 28387**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SCHWINDL, MARIE L
714 S BENNETT ST
SOUTHERN PINES NC 28387**

☐ Delete

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/2003

Date

910-692-6700

Daytime Phone #

CR2E034 (10/02)