

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H51752

1. Entity Name

PEACH GLASS & MIRROR INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90089 048 ***150.00

Principal Place of Business

6750 MARY LOU LANE
ZEPHYRHILLS FL 33544
US

Mailing Address

6750 MARY LOU LANE
ZEPHYRHILLS FL 33544-3510
US

Re 3212 N 40th ST unit 802

2. Principal Place of Business

Peach Glass & Mirror Inc

3. Mailing Address

3212 N 40th ST

Suite, Apt. #, etc.

802

Suite, Apt. #, etc.

802

City & State

Tampa FL 33605-2310

City & State

Tampa Florida

Zip

33605-2310

Country

Hillsbourn

Zip

33605-2310

Country

Hills

4. FEI Number

59-2521465

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

Name

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

City

FL

Zip Code

PEACH, JIMMY
6750 MARY LOU LANE
ZEPHYRHILLS FL 33544

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	PEACH, JIMMY	
STREET ADDRESS	6750 MARY LOU LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PEACH, PEGGY JO	
STREET ADDRESS	6750 MARY LOU LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jimmy Peach
President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2000

Date

623-1312

Daytime Phone #

CR2E034 (9/99)