

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90173 036 ***150.00

DOCUMENT # H83651

1. Entity Name
STEARNS PEAT CO, INC.

Principal Place of Business 37237 MERIDAN AVE DADE CITY FL 3325 US	Mailing Address 36909 BLANTON RD. DADE CITY FL 33823 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2632689	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STEARNS, KENNETH F.
 36909 BLANTON RD.
 DADE CITY FL 33523**

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	STEARNS, KENNETH F.
STREET ADDRESS	36909 BLANTON ROAD
CITY-ST-ZIP	DADE CITY FL 33523
TITLE	P <input type="checkbox"/> Delete
NAME	STEARNS, KENNETH F.
STREET ADDRESS	36909 BLANTON ROAD
CITY-ST-ZIP	DADE CITY FL 33523
TITLE	T <input type="checkbox"/> Delete
NAME	STEARNS, KENNETH F.
STREET ADDRESS	36909 BLANTON ROAD
CITY-ST-ZIP	DADE CITY FL 33523
TITLE	VPS <input type="checkbox"/> Delete
NAME	STEARNS, KATHRYN P.
STREET ADDRESS	36909 BLANTON ROAD
CITY-ST-ZIP	DADE CITY FL 33523
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *[Signature]*, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/26/01 Telephone: 352-567-3418

CR2E034 (10/00)