

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90091 025 ***150.00

DOCUMENT # H85628

1. Entity Name

PEADEN PROPERTIES, INC.

Principal Place of Business

C/O ROBERT E. PEADEN
 2615 CANAL AVENUE
 PANAMA CITY FL 32405

Mailing Address

C/O ROBERT E. PEADEN
 2615 CANAL AVENUE
 PANAMA CITY FL 32405-5720

2. Principal Place of Business

620 West Baldwin Road

Suite, Apt. #, etc.

3. Mailing Address

620 West Baldwin Road

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Panama City, FL

Zip

32405

Country

USA

Zip

32405

Country

USA

4. FEI Number

59-2777659

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

PEADEN, MICHAEL D
2615 CANAL AVE
PANAMA CITY FL 32405

Name

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

620 West Baldwin Road

City

Panama City

FL

Zip Code

32405

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
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

VST
PEADEN, MICHAEL D.
2615 CANAL AVENUE
PANAMA CITY FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

620 West Baldwin Road
Panama City, FL 32405

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael D. Peaden

3/8/00

Date

(850) 763-4608

Daytime Phone #

CR2E034 (9/99)