

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90065 030 \*\*\*150.00

**DOCUMENT # H87330**

1. Entity Name

**PEEL COMMUNICATIONS INCORPORATED**

Principal Place of Business

**210 PELHAM RD  
 SUITE B-118  
 FORT WALTON BEACH FL 32547**

Mailing Address

**210 PELHAM RD  
 SUITE B-118  
 FORT WALTON BEACH FL 32547**

2. Principal Place of Business

**3079-Airport Rd.**

3. Mailing Address

**3079-Airport Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Crestview, FL**

City & State

**Crestview, FL**

Zip

Country

**32539 USA**

Zip

Country

**32539 OKALOOSA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2627983**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PEEL, JIMMY  
 210 PELHAM RD  
 SUITE B-118  
 FORT WALTON BEACH FL 32547**

7. Name and Address of New Registered Agent

Name **Peel, Jimmy**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3079-AIRPORT RD.**  
 City **Crestview, FL** Zip Code **32539**

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 Jimmy C. Peel  
 Signature, typed or printed name of registered agent and title if applicable.

Jimmy C. Peel  
 (NOTE: Registered Agent signature required when reinstating)

4-20-02  
 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 **D** ☐ Delete  
 NAME **PEEL, JIMMY C**  
 STREET ADDRESS **210 PELHAM ROAD, STE B-118**  
 CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **DST** ☐ Delete  
 NAME **PEEL, KATHRYN A**  
 STREET ADDRESS **210 PELHAM ROAD, STE B-118**  
 CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
 NAME **Peel, Jimmy C**  
 STREET ADDRESS **3079-Airport Rd.**  
 CITY-ST-ZIP **Crestview, FL 32539**

TITLE **DST** ☒ Change ☐ Addition  
 NAME **Peel, Kathryn A.**  
 STREET ADDRESS **Crestview, FL 32539**  
 CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ 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: Kathryn A. Peel **REQUIRE** 4-20-02 850-217-0893  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)