

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 29, 2001 8:00 am**
Secretary of State

03-29-2001 90017 022 ***150.00

053779

DOCUMENT # H99568

1. Entity Name

PEACE RIVER REALTY, INC.

Principal Place of Business

**25176 MARION AVENUE
P. O. BOX 510921
PUNTA GORDA FL 33951
US**

Mailing Address

**P. O. BOX 510921
PUNTA GORDA FL 33951
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2665087**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SASS, DAVID J., CPA
3443 TAMiami TRAIL, STE E
PT CHARLOTTE FL 33952**

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) ☐**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. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
	VS	SCHWARZ, JANITH	179 MARIA COURT PUNTA GORDA FL	

	PD	SCHMID, J. PETER	1050 CHARLES AVE. PUNTA GORDA FL	<input type="checkbox"/> Delete
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	ST	SASS, DAVID J	3443 B TAMiami TR PT. CHARLOTTE FL 33952	<input type="checkbox"/> Delete
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	V	SCHMID, MADELINE C	1050 CHARLES AVE PUNTA GORDA FL 33982	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Delete
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				<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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

J Peter Schmid

3/26/01

Date

941-629-4868

Daytime Phone #

CR2E034 (10/00)