

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90090 043 \*\*\*158.75

**DOCUMENT # J43721**

1. Entity Name

**PEAY'S ELECTRIC, INC.**

Principal Place of Business

**51 WESTOVER DRIVE  
 WEST MELBOURNE FL 32904**

Mailing Address

**51 WESTOVER DRIVE  
 WEST MELBOURNE FL 32904**

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 **59-2747869**

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

**WILLIAMS, RICHARD L.  
 7174 ORCHID TREE DR.  
 GRANT FL 32949**

Name **Kimberly B. Williams**

Street Address (P.O. Box Number is Not Acceptable)  
**7174 Orchid Tree Drive**

City **Grant**

**FL**

Zip Code  
**32949**

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

**Kimberly B. Williams, President**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PVT**  
 STREET ADDRESS **WILLIAMS, RICHARD L.**  
 CITY-ST-ZIP **7174 ORCHID TREE DR.  
 GRANT FL**

TITLE ☒ Change ☐ Addition  
 NAME **P/S/T**  
 STREET ADDRESS **Williams, Kimberly B.**  
 CITY-ST-ZIP **7174 Orchid Tree Drive  
 Grant, FL 32949**

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **WILLIAMS, RICHARD L.**  
 CITY-ST-ZIP **7174 ORCHID TREE DR.  
 GRANT-FL**

TITLE ☒ Change ☐ Addition  
 NAME **V**  
 STREET ADDRESS **Tucker, Thomas Gene**  
 CITY-ST-ZIP **6140 Holden Road  
 Cocoa, FL 32927-9046**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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

**Kimberly B. Williams, President**

Date

Daytime Phone #

CR2E034 (10/00)