## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 21, 2000 8:00 am Secretary of State **DOCUMENT # L71742** 1. Entity Name PEADEN SERVICE, INC. 03-21-2000 90095 040 \*\*\*150.00 Principal Place of Business Mailing Address 2617 CANAL AVENUE 2617 CÁNAL AVENUE PANAMA CITY FL 32405-5720 PANAMA CITY FL 32405 2. Principal Place of Business 3. Mailing Address 618 West Baldwin Road 618 West Baldwin Road DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3007707 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEADEN, MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 2615 CANAL AVENUE PANAMA CITY FL 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE Change TITLE ☐ Delete PEADEN, MICHAEL D NAME STREET ADDRESS STREET ADDRESS 1123 CUTCHINS RD. CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32409 Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 trustge 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 attachmen Michael D. Peaden 3/8/00 SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC