2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001266

1. Entity Name

CHRISTOPHER PEACOCK (FL), L.C.

Principal Place of Business	Mailing Address

2. Principal Place of Business
234 S. COUNTY RD
Suite, Apt. #, etc.

3. Mailing Address
234 S COUNTY RD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALM BEACH FL

City & State
PALM BEACH FL

4. FEI Number
65 0796081

Applied For

Not Applicable

Zip 33480 | Country US

Zip 33480 | Country US

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FELTON PERVIER, CP CABINETRY
234 S. COUNTY RD
PALM BEACH, FL 33480

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	10. ADDITIONS/CHANGES
TITLE MGR NAME CHRISTOPHER PEACOCK CABINETRY INC STREET ADDRESS 34 E PUTNUM CITY-ST-ZIP GREENWICH, CT 06830 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition 100004163521---9 -05/08/01--01139--008 *****55.00 *****55.00
TITLE MGR NAME PERVIER + ZIEGLER ENT STREET ADDRESS 5391 HOFFNER AVE CITY-ST-ZIP ORLANDO FL 32812 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/20/01   561 833 3252

Date   Daytime Phone #