

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90056 024 \*\*\*150.00

**DOCUMENT # P00000002003**

1. Entity Name

**CARL PEACHEY INC.**

Principal Place of Business

**5950 PENINSULAR AVENUE, STOCK ISLAND  
KEY WEST FL 33040**

Mailing Address

**5950 PENINSULAR AVENUE, STOCK ISLAND  
KEY WEST FL 33040**

2. Principal Place of Business

**524 ELIZABETH ST #2**

3. Mailing Address

**524 ELIZABETH ST #2**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**KEY WEST FL**

City & State

**KEY WEST FL**

Zip

**33040**

Country

Zip

**33040**

Country

4. FEI Number

**65-0976445**

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

**RITSON, BRUCE  
513 WHITEHEAD STREET  
KEY WEST FL 33040**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PEACHEY, CARL 5950 PENINSULAR AVENUE, STOCK ISLAND KEY WEST FL 33040</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST PEACHEY, CATHERINE L 5950 PENINSULAR AVENUE, STOCK ISLAND KEY WEST FL 33040</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

CR2E034 (10/00)