2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000002332

1. Entity Name

PEEK, DAVID H

SIGNATURE

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

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TITLE

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11.

JACKSONVILLE FL 32207

9. This corporation is eligible to satisfy its Intangible

BRADSHAW, D. ROBERT

BRADSHAW, ARLENE K

2107 SE 3RD AVE

OCALA FL 34471

2107 SE 3RD AVE

OCALA FL 34471

Tax filing requirement and elects to do so.

(See criteria on back)

1301 RIVERPLACE BLVD, SUITE 1609

BRADSHAW & ASSOCIATES, INC. OF OCALA

Principal Place of Business	Mailing Address 2107 SE 3RD AVE OCALA FL 34471	
107 SE 3RD AVE 10818 FL 34471		
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip Country	Zip	Country

6. Name and Address of Current Registered Agent

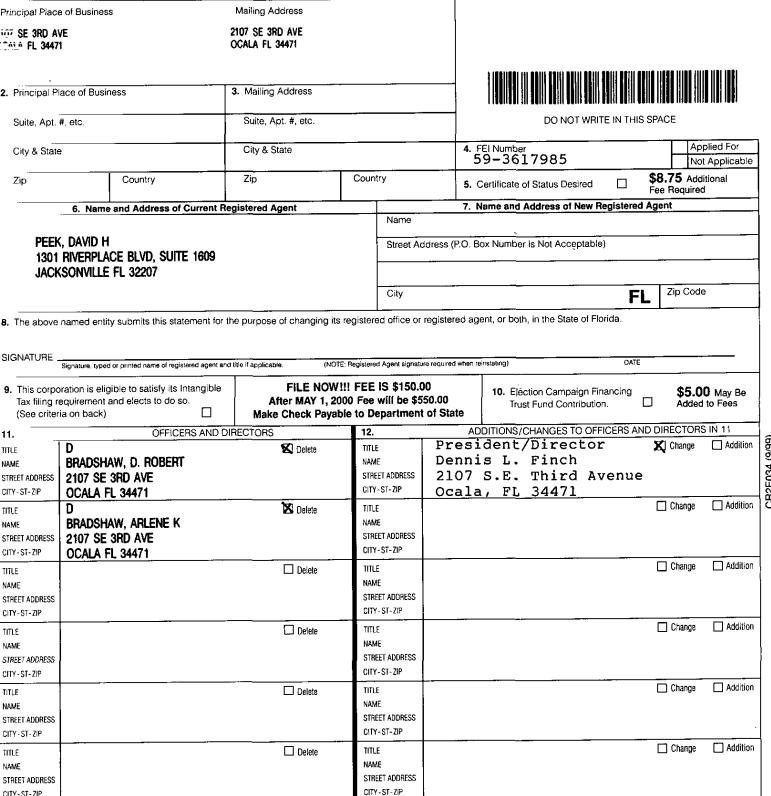
Signature, typed or printed name of registered agent and title if applicable.

П

OFFICERS AND DIRECTORS

FILED May 05, 2000 8:00 am Secretary of State

05-05-2000 90031 035 ***150.00



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.

CITY-ST-ZIP

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

NAME STREET ADDRESS

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CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 Dennis L. Finch

352/351-0003

Daytime Phone #