

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90436 041 ***158.75

DOCUMENT # P00000011166

1. Entity Name
PEACOCK COMMERCE ASSOCIATES, INC.



Principal Place of Business
**11161 HERON BAY BLVD., #4316
CORAL SPRINGS FL 33076**

Mailing Address
**11161 HERON BAY BLVD., #4316
CORAL SPRINGS FL 33076**



2. Principal Place of Business
5350 Grand Banks Blvd

3. Mailing Address **5350 Grand Banks Blvd**

Suite, Apt. #, etc.
Greenacres

Suite, Apt. #, etc.
Greenacres

City & State
FI

City & State
FI

☒ CHECK HERE IF MAKING CHANGES

Zip
33463

Country
USA

Zip
33463

Country

4. FEI Number **65-0980475**

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

**ROBILIO, JOHN A
11161 HERON BAY BLVD., #4316
CORAL SPRINGS FL 33076**

Name
Street Address (P.O. Box Number is Not Acceptable)
**5350 Grand Banks Blvd
Greenacres
City FL Zip Code 33463**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBILIO, JOHN	NAME	
STREET ADDRESS	11161 HERON BAY BLVD., #4316	STREET ADDRESS	5350 Grand Banks Blvd
CITY-ST-ZIP	CORAL SPRINGS FL 33076	CITY-ST-ZIP	Greenacres FI 33463
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBILIO, DARLENE	NAME	
STREET ADDRESS	11161 HERON BAY BLVD., #4316	STREET ADDRESS	5350 Grand Banks Blvd
CITY-ST-ZIP	CORAL SPRINGS FL 33076	CITY-ST-ZIP	Greenacres FI 33463
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBILIO, JOE	NAME	
STREET ADDRESS	11161 HERON BAY BLVD., #4316	STREET ADDRESS	5350 Grand Banks Blvd
CITY-ST-ZIP	CORAL SPRINGS FL 33076	CITY-ST-ZIP	Greenacres FI 33463
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CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03 561-966-2106

Date Daytime Phone #

CR2E034 (10/02)