**2001 UNIFORM BUSINESS REPORT (UBR)** 

DOCUMENT # P0000004  1. Entity Name PEAVEY VENTURES, INC.	40031	The state of the s	May 17, 2001 8:00 an Secretary of State 04-13-2001 90054 032 ***150.00
Principal Place of Business 2302 W. 69TH TERRACE MISSION HILLS KS 66208	Mailing Address 2302 W. 69TH TERRACE MISSION HILLS KS 66208		
2. Principal Place of Business 4 Ten  Suite, Apt. #, etc.	3. Mailing Address 2302 W Suite, Apt. #, etc.	69 ten	DO NOT WRITE IN THIS SPACE
Plus ion Hills, K5	City & State	s, Ks	4. FEI Number   Applied For   Not Applicable
U6208 Johnson	Zip 66208	Johnson	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
6. Name and Address of Current Re	gistered Agent	Name	7. Name and Address of New Registered Agent
PEAVEY, ZANE 5750 MIDNIGHT PASS ROAD UNIT 410 E GULF AND BAY CLUB SARASOTA FL 34242		5 750 238 City Mass	SIPP. BOX Number is Pot Acceptables Unit 410 Bldg E  MICHIGAT Lass Koad Unit 410 Bldg E  SAR MISPITA K. FL Zip Code 34142
8. The above named entity submits this statement for the SIGNATURE		: registered office of registi E: Registered Agent signature requir	01-02-01
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	After MAY 1, 20 Make Check Payat	!!! FEE IS \$150.00 001 Fee will be \$550.00 ble to Department of St	tate Added to Pees
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE President Zone Peavey 2302 W 694 Terr Mission, Hills, K, 662	☐ Delete	12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition (9)  Change Addition (9)  Change Addition (9)
TITLE NAME STREET ADDRESS CITY-ST-ZIP FOR TWO YEARS  STREET ADDRESS CITY-ST-ZIP FOR TWO Y, KS  LE 205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
Treas brer  SKIP Peaver  SIREET ADDRESS - 11911 Pajudee Lone  CITY-ST-ZIP Leawood, Ks 6620	☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Deleta	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
of the corporation or the receives cyrrustee empowers changed, or on an attachment with an address, with	red to execute this report a all other like empowered.	ny signature shall have the as required by Chapter 60	section 119.07(3)(i), Florida Statutes. I further certify that the information is same legal effect as II made under oath; that I am an officer or director of Florida Statutes; and that my name appears in Block 11 or Block 12 if