

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000081058

1. Entity Name

PEACH'S V, INC.

FILED

Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90025 022 ***150.00

Principal Place of Business

456 12TH STREET
BRADENTON FL 34205

Mailing Address

456 12TH STREET
BRADENTON FL 34205

80016979



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4292 Bee Ridge Rd.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

FL

4. FEI Number

65-1036649

Applied For

Not Applicable

Zip

34233

Country

Sarasota

Zip

Country

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

WICKMAN & WYCKOFF, P.A.
4909 MANATEE AVENUE WEST
BRADENTON FL 34209

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 ☐ Delete
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

Treas, VP, Sec
Michael J. Luciano
1607 52nd St. W.
Bradenton, FL 34209

TITLE ☐ Delete
NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

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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

2/14/01

Date

941-794-0747

Daytime Phone #

CR2E034 (10/00)