

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000085583

1. Entity Name

GARY A. Peeler INVESTIGATIONS, INC.

01-20-2004 90052 044 ***150.00
FILED P01000085583

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 24 AM 8:00

DO NOT WRITE IN THIS SPACE

44002857

2. Principal Place of Business

6290 SE 3rd
Suite, Apt. #, etc.

3. Mailing Address

6290 SE 3rd
Suite, Apt. #, etc.

REINSTATEMENT 03-04
DO NOT WRITE IN THIS SPACE

City & State

OCALA FL

City & State

OCALA FL

4. FEI Number

59-3740965

Applied For

Not Applicable

Zip

34472

Country

MARION

Zip

34472

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GARY A. Peeler

Street Address (P.O. Box Number is Not Acceptable)

6290 SE 3rd

OCALA FL

City

FL

Zip Code

34472

**DO NOT WRITE
IN THIS SPACE**

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

Gary A. Peeler President GARY A. Peeler

1-15-04

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>GARY A. Peeler</u> <u>6290 SE 3rd</u> <u>OCALA FL 34472</u> (P)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>800029317668</u> <u>02/24/04-01051-012</u> **150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Gary A. Peeler GARY A. Peeler

1-15-04

3526545509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment

282



Gary A. Peeler
Investigations, Inc.

P01000085583
44002857

P.O. Box 5125
Ocala, FL 34478
garyapeeler@aol.com

352-694-5509
Cell 352-572-7395
Fax 352-694-4195

January 16, 2004

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: In-active Corporation

Dear Sir or Madam:

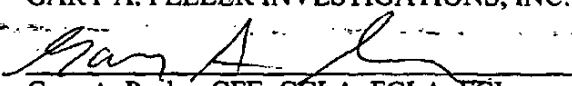
I was recently in your office when I discovered that my corporation was in-active. As instructed I am enclosing this letter asking that the penalty fee be waived as I have never received my annual report.

I am enclosing a copy of a check made payable to the Division of Corporations in the amount of one hundred and fifty dollars. I also have enclosed a copy of the Corporate Detail Record I was given while in your office.

Please feel free to contact me at (352) 694-5509 should you have any questions regarding this letter.

Sincerely,

GARY A. PEELER INVESTIGATIONS, INC.


Gary A. Peeler, CFE, CCLA, FCLA, FCI

GAP/skp
Enclosures