FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 22 AM 11:58

DOCUMENT # P01000086910

1. Entity Name
Peacock, Shaw & Associates Incorporated

DO NOT WRITE IN THIS SPACE

200023515812
10/02/03--01064--028 **550.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
113 E.Main Street	PostOffice Box 1087
Suite, Apt. #, etc.: Suite 2	Suite, Apt. #, etc.
City & State: Bartow,Fl	City & State: Bartow, FL
Zip: 33830 Country: USA	Zip: 33831 Country: USA

4. FEI Number: 69-0005030 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Stephen H. Peacock
Street Address (P.O. Box Number is Not Acceptable): 113 E. Main Street, Suite 2
City: Bartow, FL Zip Code: 33830

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Stephen H. Peacock PostOffice Box 1087 Bartow, Fl
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Sec,Trea Ronald D. Shaw Post Office Box 1087 Bartow,Fl 33830
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 9-19-2003 863-581-6129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)