


**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90669 045 \*\*\*150.00

70007406

☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P01000098297				Secretary of State	
1. Entity Name PEABODY PRODUCTS, INC.				01-13-2003 90669 045 ***150.00	
Principal Place of Business 11988 N.W. 27 ST. CORAL SPRINGS FL 33065		Mailing Address 11988 N.W. 27 ST. CORAL SPRINGS FL 33065		70007406	
2. Principal Place of Business		3. Mailing Address		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 06-1134416	
Zip Country		Zip Country		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			
MCNAMARA, DARLEEN C 11988 N.W. 27 ST. CORAL SPRINGS FL 33065		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. 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. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME MCNAMARA, DARLEEN C STREET ADDRESS 11988 N.W. 27 ST. CITY-ST-ZIP CORAL SPRINGS FL 33065			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Delete			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
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Delete			Change Addition		
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] 1/8/03 954 5753763					