

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR -8 AM 9:57

DOCUMENT # *003000150671*

1. Entity Name
Grant Peacock, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2319 Spring Creek Hwy
Suite, Apt. #, etc.

3. Mailing Address
same
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Crawfordville, FL

City & State
FL

4. FEI Number
20-0481685

Applied For
Not Applicable

Zip
32327

Country
USA

Zip

Country

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
Max Clark

Street Address (P.O. Box Number is Not Acceptable)
113 W. Franklin St.

City *Quincy* **FL** Zip Code *32357*

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) ☐

**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	<i>President Nancy M. Peacock 2319 Spring Creek Hwy. Crawfordville FL 32327</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President Emory Grant Peacock 2319 Spring Creek Hwy Crawfordville FL 32327</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary Ben Graham 2319 Spring Creek Hwy Crawfordville FL 32327</i>
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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:

[Signature] *Vice President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)