

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90158 046 ***150.00

DOCUMENT # P31024

1. Entity Name
PEEK CORPORATION (TAMPA)

Principal Place of Business

**3000 COMMONWEALTH BLVD.
TALLAHASSEE FL 32303
US**

Mailing Address

**3000 COMMONWEALTH BLVD.
TALLAHASSEE FL 32303
US**



2. Principal Place of Business

1500 N. Washington Blvd
Suite, Apt. #, etc.

3. Mailing Address

1500 N. Washington Blvd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sarasota, FL 34236

City & State

Sarasota, FL

4. FEI Number

22-2881268

Applied For

Not Applicable

Zip

34236

Country

Zip

34236

Country

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

6. Name and Address of Current Registered Agent

**RUPPRECHT, SCOTT B
3000 COMMONWEALTH BLVD.
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name

Michael W. Salzedor

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

1500 N. Washington Blvd

City

Sarasota

FL

Zip Code

34236

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, 2002 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

TITLE **PD** ☒ Delete
NAME **WOOD, JOHN JR.**
STREET ADDRESS **245 WINTER STREET SUITE 300**
CITY-ST-ZIP **WALTHAM MA 02451**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **EVP** ☐ Change ☒ Addition
NAME **Zenger, David**
STREET ADDRESS **1500 N. Washington Blvd**
CITY-ST-ZIP **Sarasota FL 34236**

TITLE **EVP** ☐ Change ☒ Addition
NAME **Benjamin, James C.**
STREET ADDRESS **1500 N. Washington Blvd**
CITY-ST-ZIP **Sarasota FL 34236**

TITLE **VPD** ☐ Change ☒ Addition
NAME **Levy, Joseph S.**
STREET ADDRESS **1500 N. Washington Blvd**
CITY-ST-ZIP **Sarasota, FL 34236**

TITLE **S** ☐ Change ☒ Addition
NAME **Salzedor, Michael W.**
STREET ADDRESS **1500 N. Washington Blvd**
CITY-ST-ZIP **Sarasota FL 34236**

TITLE **T** ☐ Change ☒ Addition
NAME **Clark, Andrew**
STREET ADDRESS **1500 N. Washington Blvd**
CITY-ST-ZIP **Sarasota FL 34236**

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

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:

Michael W. Salzedor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/02

Date

941-366-8770

Daytime Phone #

CR2E034 (9/01)