

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91555 030 \*\*\*150.00

**00055471**

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P93000021186**

1. Entity Name

**Peer Management INC**

Principal Place of Business

Mailing Address

**PO Box 711**  
**Venice FL 34284**

**PO Box 711**  
**Venice FL 34284**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0397475**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**Doris Peer A**  
**2214 Parklake Pk+**  
**Venice FL 34293**

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.

SIGNATURE

**Doris A Peer**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/20/01**

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, 2001: Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing

**\$5.00** May Be Added to Fees ☐

Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** NAME **Wallace Peer** ☐ Delete  
 STREET ADDRESS **2080 Oakridge Circle**  
 CITY-ST-ZIP **Venice FL 34293**

TITLE **PD** NAME **Wallace Peer** ☒ Change ☐ Addition  
 STREET ADDRESS **3884 Woodmere Blvd**  
 CITY-ST-ZIP **Apt #1 Venice FL 34293**

TITLE **VD** NAME **Peer, Doris A** ☐ Delete  
 STREET ADDRESS **2214 Parklake Pk+**  
 CITY-ST-ZIP **Venice FL 34293**

TITLE **VD** NAME **Peer, Doris A** ☐ Change ☐ Addition  
 STREET ADDRESS **2214 Parklake Pk+**  
 CITY-ST-ZIP **Venice FL 34293**

TITLE **TD** NAME **Peer, Doris A** ☐ Delete  
 STREET ADDRESS **2214 Parklake Pk+**  
 CITY-ST-ZIP **Venice FL 34293**

TITLE **TD** NAME **Peer, Doris A** ☐ Change ☐ Addition  
 STREET ADDRESS **2214 Parklake Pk+**  
 CITY-ST-ZIP **Venice FL 34293**

TITLE **SO** NAME **Peer, Doris A** ☐ Delete  
 STREET ADDRESS **2214 Parklake Pk+**  
 CITY-ST-ZIP **Venice FL 34293**

TITLE **SO** NAME **Peer, Doris A** ☐ Change ☐ Addition  
 STREET ADDRESS **2214 Parklake Pk+**  
 CITY-ST-ZIP **Venice FL 34293**

TITLE **D** NAME **Peer, Wallace** ☐ Delete  
 STREET ADDRESS **2080 Oakridge Circle**  
 CITY-ST-ZIP **Venice FL 34293**

TITLE **D** NAME **Peer Wallace** ☒ Change ☐ Addition  
 STREET ADDRESS **3884 Woodmere Blvd**  
 CITY-ST-ZIP **Apt #1 Venice FL 34293**

TITLE  NAME  ☐ Delete  
 STREET ADDRESS   
 CITY-ST-ZIP

TITLE  NAME  ☐ Change ☐ Addition  
 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:

**Doris A Peer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/01**

Date

**(941) 493-5399**

Daytime Phone #

CR2E034 (11/00)