

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90132 050 ***150.00

DOCUMENT # P93000021186

1. Entity Name
PEER MANAGEMENT INC.



Principal Place of Business
PO BOX 3159
VENICE FL 34293

Mailing Address
PO BOX 711
VENICE FL 34284

2. Principal Place of Business
6511 Blue Grosbeak Cr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0397475**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PEER, DORIS A
2214 PARKLAKE PNT
VENICE FL 34293

7. Name and Address of New Registered Agent

Name **Peer, Doris A**
Street Address (P.O. Box Number is not Acceptable) **6511 Blue Grosbeak Cr**
Venice FL 34202 AP
City **Bradenton** FL Zip Code **34202**

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 Doris A. Peer
Signature typed or printed name of registered agent and title if applicable.

Doris A. Peer
(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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **PEER, WALLACE**
STREET ADDRESS **3884 WOODMERE BLVD**
CITY-ST-ZIP **VENICE FL 34293**

TITLE **VD** ☐ Delete
NAME **PEER, DORIS A**
STREET ADDRESS **2214 PARKLAKE PNT**
CITY-ST-ZIP **VENICE FL 34293**

TITLE **SD** ☐ Delete
NAME **PEER, DORIS**
STREET ADDRESS **2214 PARKLAKE PNT**
CITY-ST-ZIP **VENICE FL 34293**

TITLE **TD** ☐ Delete
NAME **PEER, DORIS**
STREET ADDRESS **2214 PARKLAKE PNT**
CITY-ST-ZIP **VENICE FL 34293**

TITLE **D** ☐ Delete
NAME **PEER, WALLACE**
STREET ADDRESS **3884 WOODMERE BLVD APT 1**
CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Doris Peer**
STREET ADDRESS **6511 Blue Grosbeak Circle**
CITY-ST-ZIP **Bradenton FL 34202**

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

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

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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: Doris A. Peer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VD 4/4/03 9414935399
Date Daytime Phone #

CR2E034 (10/02)