

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90068 007 ***150.00

D0021994



DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000050258

1. Entity Name

DEFOREST CORPORATION

Principal Place of Business

Mailing Address

2526 HIGHSMITH LANDING LANE
JACKSONVILLE FL 32226

P.O. BOX 11885
JACKSONVILLE FL 32239-1885

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3209936

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

PECK, WILBUR D JR
11398 NORTH MOTOR YACHT DR
JACKSONVILLE FL 32225

Address Change

Name

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

2526 HIGHSMITH LANDING LANE

City

JACKSONVILLE

FL

Zip Code

32226

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PECK, WILBUR D JR	
STREET ADDRESS	11398 NORTH MOTOR YACHT DR	<i>See address change</i>
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PECK, CLAUDETTE P	
STREET ADDRESS	11398 NORTH MOTOR YACHT DRIVE	<i>See address change</i>
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Wilbur D. Peck Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/00 (904) 751-3838

CR2E034 (9/99)