

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000006890

1. Entity Name

PEACE RIVER CARRIER, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90103 034 ***150.00

Principal Place of Business

25600 E. MARION AVE.
PUNTA GORDA FL 33950

Mailing Address

25600 E. MARION AVE.
PUNTA GORDA FL 33950-4647

2. Principal Place of Business

159 SUNFLOWER ST.
Suite, Apt. #, etc.

3. Mailing Address

159 SUNFLOWER ST.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PUNTA GORDA, FL.

City & State

PUNTA GORDA, FL.

4. FEI Number

65-0561312

Applied For

Not Applicable

Zip

33982

Country

CHARLOTTE

Zip

33982

Country

CHARLOTTE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEMNER, CHARLES H
25600 E. MARION AVE.
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

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

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	KEMNER, CHARLES H	
STREET ADDRESS	25600 E. MARION AVE.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	DV	<input type="checkbox"/> Delete
NAME	THEWLIS, HAROLD J	
STREET ADDRESS	159 SUNFLOWER ST.	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HANEY, GEORGE A	
STREET ADDRESS	3512 PALM DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEMNER, GINA	
STREET ADDRESS	25600 E. MARION AVE	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CARPENTER, ANNA	
STREET ADDRESS	159 SUNFLOWER STREET	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Anna Carpenter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-00

Date

941-637-4779

Daytime Phone #

CR2E034 (9/99)