200 0	UNI	FORM BUSI	NESS REPO	RT (U	BR)					/ %
DOCU 1. Entity Nam		# P940000	42096	į	, · · •	M		ËD		7
PECKERWOOD, INC.						48	00 JUL 27	' AM 10:	05	·
Principal Plac	e of Busines	SS	Mailing Address				orobr red	N AU OT	ATC	
11361 161 ST. JUPITER 33 33478 US			P O BOX 73 PT SALERNO FL 34992 US			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	16		City & State			4. FEI Nur	nber 65-0562	736		oplied For
Zip	• .	Country	Zip .	Country		5. Certifica	ate of Status Desired	· 🗆	\$8.75 Add Fee Require	
	6. Name	e and Address of Current R	egistered Agent	Nar	ne	7. Name a	nd Address of New	Registered	Agent	
REMSEN, JOHN L 515 N FLAGLER DRIVE 19 FLOOR WEST PALM BEACH FL 33401			·			 ?O. Box Nun	nber is Not Acceptal	ole)		
				City	,			FL	Zip Cod	ė
Tax filing r	oration is elig	d or printed name of registered agent an gible to satisfy its Intangible and elects to do so.	1		50.00 will be \$750	.00 10.	Election Campaign Trust Fund Contribu		\$5.0 Added	May Be
11.		OFFICERS AND D	_ <u></u>	12.			IS/CHANGES TO O	FFICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		BILLIE 1 STREET R FL 33458	Delete	TITLE NAME STREET ADOR CITY-ST-ZIP	ESS		20000 -09/ ***	33 8 4 07/00- •150.00	-01004-	□ Addition 2 13 -023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1136 16	ERAS, ROBERT 1 STREET R FL 33458	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS				☐ Change	☐ Addition
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TITLE NAME			☐ Delete	TITLE NAME	_				☐ Change	Addition

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE REQUIRED OF CONTRETAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-745-23<mark>07</mark>

792

Document # P94000042096

Dear Dept. of State, Division of Corporations:

Please find enclosed a copy of a check stub, #1002, which was sent on 4/12/00. The check was made out to the Dept. of State in the amount of \$150.00.

I was sent another uniform business report recently, this is when I became aware of the fact that you all had not recieved my check. Upon checking my files, I am unable to locate the cancelled check.

Please accept this new check in payment of fee owed prior to 5/1/00.

Thank You vrey much.

Peckerwood Inc. 11361 1615st. Jupiter, FL 33478 FEI# 65-0562736

, 63887	1002 DATE 4/12/20 TO DE PI OF STA	te Les Estates		
		TOTAL	150.	S
	• 11 · · · · · · · · · · · · · · · · · ·	THIS CHECK		
_		OTHER TRANS. +/-		
	TAX DEDUCTIBLE	BALANCE		