

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000059242

1. Entity Name

PEAK INVESTIGATIVE SERVICES, INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90938 023 ***150.00

Principal Place of Business

Mailing Address

~~6408 SHADOWBROOK LANE
LAKELAND FL 33813~~

~~6408 SHADOWBROOK LANE
LAKELAND FL 33813~~

2. Principal Place of Business

1029 E. State Rd 540A

3. Mailing Address

P.O. Box 6232

Suite, Apt. #, etc.

#2 Highland Station

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Lakeland FL

Zip

33813

Country

Polk

Zip

33807

Country

USA

4. FEI Number

59-3259456

Applied For

Not Applicable

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

~~RAEBIG, WILLIAM P.
6408 SHADOWBROOK LANE
LAKELAND FL 33813~~

Name

Kimble, Timothy L

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

1636 Columbus St.

City

Lakeland

FL

Zip Code

33803

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 PS
NAME KIMBLE, TIMOTHY J
STREET ADDRESS 6408 SHADOWBROOK LN
CITY-ST-ZIP LAKELAND FL ☐ Delete

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

TITLE ~~VT~~
NAME ~~RAEBIG, WILLIAM P.~~
STREET ADDRESS ~~6408 SHADOWBROOK LN~~
CITY-ST-ZIP ~~LAKELAND FL~~ ☒ Delete

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 (863)648-2476

CR25-034 (9/99)