

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
 05-16-2000 90156 024 ***150.00

DOCUMENT # P94000080411

1. Entity Name

BEST WALLCOVERING, INC.

Principal Place of Business

Mailing Address

5291 COLLINS RD
 LOT 124
 JACKSONVILLE FL 32244
 US

5291 COLLINS RD
 LOT 124
 JACKSONVILLE FL 32091-9437
 US

2. Principal Place of Business

3. Mailing Address

RR 4 1297 M

RR 4 1297 M

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Starke, FL

Starke, FL

City & State
 Starke, FL

City & State
 Starke, FL

Zip
 32091

Country
 US

Zip
 32091

Country
 US



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3276917**

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

PEACOCK, ANTHONY W
 5291 COLLINS RD, #124
 JACKSONVILLE FL 32244

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	PEACOCK, ANTHONY W	
STREET ADDRESS	5291 COLLINS RD, #124	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	VP	☐ Delete
NAME	PEACOCK, PAUL A.	
STREET ADDRESS	3737 ST JOHNS BLUFF RD S, APT 2310	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	T	☐ Delete
NAME	PEACOCK, PRISCILLA JANE	
STREET ADDRESS	5291 COLLINS RD #124	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	RR 4 1297 M	☒ Change ☐ Addition
NAME	Starke, FL	
STREET ADDRESS	32091	
CITY-ST-ZIP		
TITLE	Peacock, Paul A.	☒ Change ☐ Addition
NAME	2856 La Vigne St.	
STREET ADDRESS	Jax, FL 32205	
CITY-ST-ZIP		
TITLE	RR 4 1297 M	☒ Change ☐ Addition
NAME	Starke, FL	
STREET ADDRESS	32091	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

Priscilla Jane Peacock, Treasurer

4/25/00 904 964-9351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)