

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90757 050 \*\*\*150.00

DOCUMENT # P94000080411

1. Entity Name  
BEST WALLCOVERING, INC.



Principal Place of Business

RR4 1297 M  
STARKE FL 32091  
US

Mailing Address

RR4 1297 M  
STARKE FL 32091  
US

2. Principal Place of Business

9856 SW 139th Way  
Suite, Apt. #, etc.

3. Mailing Address

9856 SW 139th Way  
Suite, Apt. #, etc.

City & State

Starke, FL  
Zip 32091 Country

City & State

Starke, FL  
Zip 32091 Country

4. FEI Number

59-3276917

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PEACOCK, ANTHONY W  
RR 4 1297 M  
STARKE FL 32091

7. Name and Address of New Registered Agent

Name

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

9856 SW 139th Way

City

Starke,

FL

Zip Code

32091

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D  
NAME PEACOCK, ANTHONY W  
STREET ADDRESS RR4 1297 M  
CITY-ST-ZIP STARKE FL 32091 ☐ Delete

TITLE VP  
NAME PEACOCK, PAUL A  
STREET ADDRESS 2856 LA VIERE ST  
CITY-ST-ZIP JACKSONVILLE FL 32205 ☐ Delete

TITLE T  
NAME PEACOCK, PRISCILLA JANE  
STREET ADDRESS RR4-1297 M  
CITY-ST-ZIP STARKE FL 32091 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 9856 SW 139th Way  
CITY-ST-ZIP Starke, FL 32091 ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS 9856 SW 139th Way  
CITY-ST-ZIP Starke, FL 32091 ☐ Change ☐ Addition

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Priscilla Jane Peacock / Priscilla Jane Peacock  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/02)