

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000087622

1. Entity Name

PEEPERS & TIMEKEEPERS, INC.

Principal Place of Business

#3 MARKET WEST
SEASIDE FL 32459-4819
US

Mailing Address

PO BOX 4819
SEASIDE FL 32459-4819
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Santa Rosa Beach FL

City & State

Santa Rosa Beach, FL

Zip

Country

Zip

Country

4. FEI Number

59-3285976

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOSTER, WILLIAM S
909 MAR WALT DR.
SUITE 1014
FT. WALTON BEACH FL 32547

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS ATCHLEY, CAROL P
CITY-ST-ZIP 431 BRYN ATHYN BLVD
MARY ESTHER FL 32569

TITLE ☐ Delete
NAME D
STREET ADDRESS ATCHLEY, DWIGHT L
CITY-ST-ZIP 431 BRYN ATHYN BLVD
MARY ESTHER FL 32569

TITLE ☐ Delete
NAME D
STREET ADDRESS ATCHLEY, HEATHER L.
CITY-ST-ZIP P.O. BOX 4819 N/A
SEASIDE FL 32459

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME Heather Mollihan
STREET ADDRESS Santa Rosa Beach FL
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Heather Mollihan/Vice Pres. 3/13/01 850-231-4651

Date

Daytime Phone #

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90067 032 ***150.00

930019



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)