FILED

Mar 28, 2001 8:00 am Secretary of State

03-28-2001 90188 050 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000050611 1. Entity Name

D. D. MCPEAKE, INC.

Principal Place of Business

Mailing Address

19309 GULFSTREAM DR TEQUESTA FL 33469

19309 GULFSTREAM DR TEQUESTA FL 33469

2. Principal Place of Business 3. Mailing Address



Suite, Apt. #, etc. City & State		Suite, Apt. #, et	C.	DO NOT WRITE IN THIS SPACE					
		City & State		4. FEI Number 65-0589295 Applied Not App					
Zip	Country	Zip	Country	untry 5. Certificate of Status Desired					
	6. Name and Address of Curre			7. Name and Address of New Registered Agent					
MODEAN	CE DWAIN D		-Name	The second secon	ر . " مس<u>يون پ</u>يم پينده قمين				
MCPEAKE, DWAIN D 19309 GULFSTREAM DR			Street Addres	(P.O. Box Number is Not Acceptable)					
TEQUES	TA FL 33469								
			City	FL	Zip Code				
The above nam	ned entity submits this statemen	nt for the purpose of chan	ging its registered office or regis	stered agent; or both, in the State of Florida.					

Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criteria on back)		A I	Make Check Payable to Department of		ate	1					
11. OFFICERS AND DIRECTORS				12,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MCPEAKE, DWAINE D 19309 GULFSTREAM DR TEQUESTA FL 33469	_	· Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition			
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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

3-26-07 Date