## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # P95000082656** 1. Entity Name PEAKMYTH INC. 04-30-2001 90391 048 \*\*\*158.75 Principal Place of Business Mailing Address 202 CESSNA BLVD P.O. BOX 42823 DAYTONA BEACH FL 32124 PHOENIX AZ 85080 D0044161 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3351469 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRUMER, BARRY N Street Address (P.O. Box Number is Not Acceptable) 1055 N. DIXIE FREEWAY, SUITE 4 **NEW SMYRNA BEACH FL 32168** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Delete DAWSON, MICHAEL G NAME 2585 TAXIWAY ECHO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32124 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change DAWSON, LINDA NAME STREET ADDRESS 2585 TAXIWAY ECHO STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32124 chief operating officer. TITLE Addition. TOSSTALLE NAME NAME 7112 N. 15th Pl. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 85020 CITY-ST-ZIP Phoenix, TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.