

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2002 8:00 am
Secretary of State

09-18-2002 90051 022 ***150.00

DOCUMENT # P95000082656

1. Entity Name
PEAKMYTH INC.

Principal Place of Business
**202 CESSNA BLVD
DAYTONA BEACH FL 32124
US**

Mailing Address
**P.O. BOX 42823
PHOENIX AZ 85080**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3351469**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**BRUMER, BARRY N
1055 N. DIXIE FREEWAY, SUITE 4
NEW SMYRNA BEACH FL 32168**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **P** ☐ Delete
NAME **DAWSON, MICHAEL G**
STREET ADDRESS **2585 TAXIWAY ECHO**
CITY-ST-ZIP **DAYTONA BEACH FL 32124**

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

TITLE **S** ☐ Delete
NAME **DAWSON, LINDA**
STREET ADDRESS **2585 TAXIWAY ECHO**
CITY-ST-ZIP **DAYTONA BEACH FL 32124**

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

TITLE **COO** ☐ Delete
NAME **TALBET, TODD**
STREET ADDRESS **7112 N 15TH PL**
CITY-ST-ZIP **PHOENIX AZ 85020**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **SONAMB H. JONES**
CITY-ST-ZIP **449 FIELDSTONE DR. VENICE FL 33596**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/14/02** Daytime Phone # **941 493 7202**

CR2E034 (4/02)

Attachment
D. Jones & Company, P.A. 872679
Certified Public Accountants

P.O. Box 1558
Venice, FL 34284-1558

Tel: 888-889-8263
Fax: 888-834-2054

September 11, 2002

Division of Corporations
Uniform Business Report
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Peakmyth, Inc.

~~TIN 59-3351469~~

Document # P95000082656

Late fee waiver

Dear Sir or Madam:

I am writing on behalf of the referenced corporation to respectfully request a waiver of the late fee for the Uniform Business Report. The corporation did not receive the original report. Therefore, I have instructed the client to pay only the original fee of \$150.

Sincerely,

Donald H. Jones CPA

Enclosure