## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like emp

RINTED NAME OF

SIGNATURE:

## FILED Feb 21, 2001 8:00 am DOCUMENT # P95000093563 **Secretary of State** 1. Entity Name PEACH'S III, INC. 02-21-2001 90025 014 \*\*\*150.00 Principal Place of Business Mailing Address 456 12TH STREET WEST 6057 26TH ST W **BRADENTON FL 34207 BRADENTON FL 34205** B0016987 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 65-0634175 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent \_\_\_\_ **WICKMAN & WYCKOFF PA** Street Address (P.O. Box Number is Not Acceptable) 4909 MANATEE AVE W **BRADENTON FL 34209** 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 filling 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 12. CR2E034 (10/00) **PVPD** TITLE Delete ☐ Addition LUCIANO, MICHAEL J. Luciano, Michael J. NAME 1607 Sand St. W. Bradenton, FL 34209 6400 MANATEE AVE W STE L-119 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRANDON FL 34209** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition LUCIANO, KRISTA L. Luciano, Kristo NAME NAME 6400 MANATEE AVE W STE L-119 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 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