

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000028654

1. Entity Name
PEAK ENTERPRISES, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State
03-12-2001 90463 033 ***150.00

Principal Place of Business Mailing Address
1000 S. TAMiami TRL #202 SARASOTA FL 34236 **1000 SOUTH TAMiami TRAIL SUITE 202 SARASOTA FL 34236**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0658118**

Applied For

Not Applicable

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

**KIRTLLEY, WILLIAM T.
23940 SOUTH TAMiami TRAIL
SARASOTA FL 34239**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIEDER, STEVEN 1000 S. TAMiami TRL SARASOTA FL 34236	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OECHSLIN, THOMAS 2317 ARLINTON ST. SARASOTA FL 34239	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR STEVEN WIEDER 3925 SWIFT ROAD SARASOTA, FL 34231	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR THOMAS OECHSLIN 1000 S. TAMiami TRAIL, STE 202 SARASOTA, FL 34236	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GERD PETRIK-CEO 1000 S. TAMiami TRAIL, STE 202 SARASOTA, FL 34236	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TRES/DIRECTOR GIL ALVAREZ 1000 S. TAMiami TRAIL, STE 202 SARASOTA, FL 34236	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GREG ROGERS 1000 S. TAMiami TRAIL, STE 202 SARASOTA	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

3.5.01

Date

Daytime Phone #

CR2E034 (10/00)