

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034557

1. Entity Name

PEERLESS CONSULTANTS, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90126 049 \*\*\*150.00

Principal Place of Business 1509 SOUTH FLORIDA AVE. SUITE 2 LAKELAND FL 33803 US	Mailing Address 1509 SOUTH FLORIDA AVE. SUITE 2 LAKELAND FL 33803-2293 US
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2. Principal Place of Business 321 N. Kentucky Ave. Suite 1	3. Mailing Address 321 N. Kentucky Ave. Suite 1
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City & State Lakeland, FL	City & State Lakeland, FL
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Zip 33801	Country US	Zip 33801	Country US
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4. FEI Number 59-3385277	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CROWLEY, TERESA B. 1509 SOUTH FLORIDA AVE. SUITE 2 LAKELAND FL 33803	7. Name and Address of New Registered Agent Name Teresa B. Crowley Street Address (P.O. Box Number is Not Acceptable) 321 N. Kentucky Avenue Suite 1 City Lakeland FL Zip Code 33801
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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 <i>Teresa B. Crowley</i> Signature, typed or printed name of registered agent and title if applicable.	Teresa B. Crowley	01/07/2000 DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CROWLEY, TERESA B. 1509 SOUTH FLORIDA AVE., SUITE 2 LAKELAND FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Crowley, Teresa B. 321 N. Kentucky Ave., Suite 1 Lakeland, FL 33801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAMOND, D. JERRY 1509 SOUTH FLORIDA AVE., SUITE 2 LAKELAND FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Diamond, D. Jerry 321 N. Kentucky Ave., Suite 1 Lakeland, FL 33801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Teresa B. Crowley</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Teresa B. Crowley, VP	01/07/2000	(863) 683-5523
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Date

Daytime Phone #