

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90743 034 ***150.00

DOCUMENT # P96000034557

1. Entity Name
PEERLESS CONSULTANTS, INC.



Principal Place of Business

321 N. KENTUCKY AVE

STE 1

LAKELAND FL 33801

US

Mailing Address

321 N KENTUCKY AVE

STE 1

LAKELAND FL 33801

US

2. Principal Place of Business

1517 E. 7th Avenue

3. Mailing Address

1517 E. 7th Avenue

Suite, Apt. #, etc.

Suite F

Suite, Apt. #, etc.

Suite F

City & State

Tampa, FL 33605

City & State

Tampa, FL 33605

Zip

Country

US

Zip

Country

US

4. FEI Number

59-3385277

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

CROWLEY, TERESA B.

321 N. KENTUCKY AVE

SUITE 1

LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name

D. Jerry Diamond

Street Address (P.O. Box Number is Not Acceptable)

1517 E. 7th Avenue

Suite F

City

Tampa

FL

Zip Code
33605

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/29/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	CROWLEY, TERESA B.	
STREET ADDRESS	321 N. KENTUCKY AVE SUITE 1	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DIAMOND, D. JERRY	
STREET ADDRESS	321 N. KENTUCKY AVE SUITE 1	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diamond, D. Jerry	
STREET ADDRESS	1517 E. 7th Avenue, Suite F	
CITY-ST-ZIP	Tampa, FL 33605	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **D. Jerry Diamond, Pres.**

04/29/03

813-248-4555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)