

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State
 03-01-2000 90003 025 ***150.00

DOCUMENT # P96000049943

1. Entity Name
P.E.O. CONSULTANTS, INC.

Principal Place of Business Mailing Address
7803 NORTH ORANGE BLOSSOM TRAIL **7803 NORTH ORANGE BLOSSOM TRAIL**
ORLANDO FL 32810 **ORLANDO FL 32810-2662**

2. Principal Place of Business 3. Mailing Address
2151 E SEMORAN BLVD **2151 E SEMORAN BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **FL** City & State **FL**
Apopka **Apopka**
 Zip **32703** Country **US** Zip **32703** Country **US**

6. Name and Address of Current Registered Agent
KELLEY, LLOYD A
7803 NORTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32810

4. FEI Number **59-3385800** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
 Name **KELLEY LLOYD A**
 Street Address (P.O. Box Number is Not Acceptable) **2151 E SEMORAN BLVD**
 City **Apopka** **FL** Zip Code **32703**

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]* (NOTE: Registered Agent signature required when reinstating) 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 \$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. ☐ **\$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|-------------------------------------------|---------------------------------|--|-------------------------------------------------------------------|------------------------------------------------------------------------------|--|
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| P | | | P | | |
| KELLEY, LLOYD A | | | KELLEY LLOYD A | | |
| 7803 N. ORANGE BLOSSOM TRAIL STE 2 | | | 2151 E SEMORAN BLVD | | |
| ORLANDO FL 32810 | | | Apopka FL 32703 | | |
| S | | | S | | |
| KELLEY, KATHRYN M | | | KELLEY KATHRYN M | | |
| 7803 N. ORANGE BLOSSOM TRAIL STE 2 | | | 2151 E SEMORAN BLVD | | |
| ORLANDO FL 32810 | | | Apopka FL 32703 | | |
| T | | | T | | |
| WILSON, BRUCE | | | WILSON BRUCE | | |
| 7803 N. ORANGE BLOSSOM TRAIL STE 2 | | | 2151 E SEMORAN BLVD | | |
| ORLANDO FL 32810 | | | Apopka FL 32703 | | |
| <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| <input type="checkbox"/> Delete | | | <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: *[Signature]* 407 295 5009
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)