

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049943

1. Entity Name

P.E.O. CONSULTANTS, INC.

Principal Place of Business

2151 E. SEMORAN BLVD
APOPKA FL 32703

Mailing Address

2151 E. SEMORAN BLVD
APOPKA FL 32703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

KELLEY, LLOYD A
2151 E. SEMORAN BLVD
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name
Baumgardner, Jr., William L.
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

W. Baumgardner, Jr.

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

(NOTE: Registered Agent signature required when reinstating)

4/30/2001

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, 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

| | | |
|----------------|----------------------|--------|
| TITLE | P | DELETE |
| NAME | KELLEY, LLOYD A | |
| STREET ADDRESS | 2151 E. SEMORAN BLVD | |
| CITY-ST-ZIP | APOPKA FL 32703 | |
| TITLE | S | DELETE |
| NAME | KELLEY, KATHRYN M | |
| STREET ADDRESS | 2151 E. SEMORAN BLVD | |
| CITY-ST-ZIP | APOPKA FL 32703 | |
| TITLE | T | DELETE |
| NAME | WILSON, BRUCE | |
| STREET ADDRESS | 2151 E. SEMORAN BLVD | |
| CITY-ST-ZIP | APOPKA FL 32703 | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | |
|----------------|------------------------------|--------|----------|
| TITLE | President | CHANGE | ADDITION |
| NAME | Baumgardner, Jr., William L. | | |
| STREET ADDRESS | 2151 E. Semoran Blvd. | | |
| CITY-ST-ZIP | Apopka, FL. 32703 | | |
| TITLE | Secretary | CHANGE | ADDITION |
| NAME | Baumgardner, Anna K. | | |
| STREET ADDRESS | 2151 E. Semoran Blvd. | | |
| CITY-ST-ZIP | Apopka, FL. 32703 | | |
| TITLE | Treasurer | CHANGE | ADDITION |
| NAME | Baumgardner, Brian J. | | |
| STREET ADDRESS | 2151 E. Semoran Blvd | | |
| CITY-ST-ZIP | Apopka, FL. 32703 | | |
| TITLE | | CHANGE | ADDITION |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | CHANGE | ADDITION |
| NAME | | | |
| STREET ADDRESS | | | |
| 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W. Baumgardner, Jr.

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/30/2001

DATE

(407) 295-5009

Daytime Phone #

APPROVED
AND
FILED

01 MAY 24 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3385800

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

CR2E034 (10/00)

0042107