2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment will

May 04, 2001 8:00 am Secretary of State DOCUMENT # **P96000099797** 1. Entity Name PEEL & ASSOCIATES, INC. 05-04-2001 90133 005 ***158.75 Principal Piace of Business Mailing Address 323 HILAND DR 323 HILAND DR PANAMA CITY FL 32404 PANAMA CITY FL 32404 , սսսսսյլ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3441140 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEEL, DEBRA Street Address (P.O. Box Number is Not Acceptable) 323 HILAND DR PANAMA CITY FL 32404 City Zin 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** TITLE ☐ Delete Change ■ Addition PEEL. DEBRA NAME NAME STREET ADDRESS 323 HILAND DR STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32404 CITY-Si-ZIP TITLE ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIS C:TY+ST-ZIP Delete Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT! F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 logal effect as if made under oath; that I am an efficer or director of the corporation or the receiver of 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