

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90179 031 ***158.75

DOCUMENT # P960000997971. Entity Name
PEEL & ASSOCIATES, INC.

Principal Place of Business

**323 HILAND DR
PANAMA CITY FL 32404**

Mailing Address

**323 HILAND DR
PANAMA CITY FL 32404**

2. Principal Place of Business

921 Jenks Ave.

Suite, Apt. #, etc.

Suite B

City & State

Panama City FloridaZip
32401Country
Bay

3. Mailing Address

921 Jenks Ave.

Suite, Apt. #, etc.

Suite B

City & State

Panama City FloridaZip
32401Country
Bay

4. FEI Number

59-3441140

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****PEEL, DEBRA
323 HILAND DR
PANAMA CITY FL 32404****7. Name and Address of New Registered Agent**

Name

Debra Peel

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

921 Jenks Ave**Suite B**

City

Panama City**FL**

Zip Code

32401

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)

DATE

4-25-029. 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, 2002 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 **PVST** ☐ Delete
NAME **PEEL, DEBRA**
STREET ADDRESS **323 HILAND DR**
CITY-ST-ZIP **PANAMA CITY FL 32404**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **PVST** ☐ Change ☐ Addition
NAME **Debra Peel**
STREET ADDRESS **921 - B Jenks Ave**
CITY-ST-ZIP **Panama City, Fl 32401**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

Date

(850) 747-1357

Daytime Phone #

CR2E034 (9/01)