

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90064 014 ***150.00

DOCUMENT # P97000034555

1. Entity Name
PEACHTREE GROUP, INC.

Principal Place of Business

**1450 W. POWERS DR
 ORLANDO FL 32818**

Mailing Address

**127 W. FAIRBANKS
 STE 296
 WINTER PARK FL 32789**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3441731**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BUCKLEY, ROD A
 1322 PLEASANT OAK LN.
 ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip 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. 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)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
 NAME **P BUCKLEY, ROD A**
 STREET ADDRESS **1450 POWERS DR**
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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

8/20/02 407-219-5762

CR2E034 (4/02)

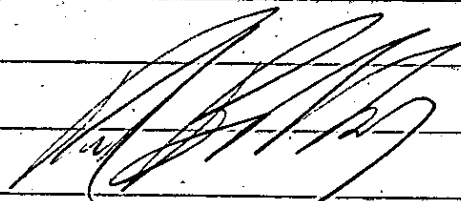
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TO WHOM THIS MAY CONCERN,

WHEN I RECEIVED THIS NOTICE RECENTLY I
REALIZED YOU HADN'T RECEIVED MY CHECK
MAILED 4/15/02. I CALLED YOUR OFFICE,
AFTER TALKING WITH SOMEONE IN DETAIL ABOUT
THIS PROBLEM, I WAS TOLD TO SEND THIS NOTE
WITH FORM AND A NEW CK. FOR 150.00. THANK
YOU FOR YOUR HELP AND PLEASE FEEL FREE TO CALL
IF NEEDED 407-719-5762.



POPCOTREE GROUP, INC.