

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042176

1. Entity Name

PEGGY'S INTERIORS, INC.

Principal Place of Business

7500 SW HWY 200
OCALA FL 34481

Mailing Address

5551 S.W. 140TH AVENUE
OCALA FL 34481-4198

2. Principal Place of Business

4930 Fruitville Rd

3. Mailing Address

4930 Fruitville Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

59-3445277

Applied For

Not Applicable

Zip

34232

Country

Sarasota

Zip

34232

Country

Sarasota

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EICHENAUER, PEGGY L
5551 S.W. 140TH AVENUE
OCALA FL 34481

7. Name and Address of New Registered Agent

Name

Eichenauer, Peggy L

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

6122 Turnbury Pk Dr - Apt. 9101

City

Sarasota, FL

FL

Zip Code

34243

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

4-24-00

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

TITLE ☐ Delete
NAME D
EICHENAUER, PEGGY L
STREET ADDRESS 5551 S.W. 140TH AVENUE
CITY-ST-ZIP Ocala FL 34481

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Eichenauer, Peggy L.
STREET ADDRESS 6122 Turnbury Pk Dr - Apt. 9101
CITY-ST-ZIP Sarasota, FL 34243

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

4-24-00

Date

941-342-0024

Daytime Phone #

CR2E034 (9/99)