

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009909

1. Entity Name

PEACHTREE STREET WASHBOWL, INC.

Principal Place of Business

930 PEACHTREE ST.
COCOA FL 32922

Mailing Address

843 AVONDALE ROAD
ROCKLEDGE FL 32927-3563

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

827 Lancer Circle

Ocoee, FL

34761

Orange

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAIN, DONALD
843 AVONDALE ROAD
ROCKLEDGE FL 32955

Name

Donald Fain

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

827 Lancer Circle

City

Ocoee

FL

Zip Code

34761

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

Donald Fain

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 \$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	D	<input type="checkbox"/> Delete
NAME	FAIN, DONALD	
STREET ADDRESS	843 AVONDALE ROAD	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTIN, GEORGIA	
STREET ADDRESS	843 AVONDALE RD	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fain, Donald	
STREET ADDRESS	827 Lancer Circle	
CITY-ST-ZIP	Ocoee, FL 34761	
TITLE	VP (V)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin - Fain, Georgia	
STREET ADDRESS	827 Lancer Circle	
CITY-ST-ZIP	Ocoee, FL 34761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Donald Fain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90172 009 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3489660

Applied For

☒ Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

CR2E034 (9/99)