

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000009909**1. Entity Name  
PEACHTREE STREET WASHBOWL, INC.

## Principal Place of Business

930 PEACHTREE ST.

COCOA  
32922

FL

## Mailing Address

827 LANCER CIRCLE

OCOE  
34761

FL

## 2. Principal Place of Business

## 3. Mailing Address

6422 HAROLD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

COCOA

FL

Zip

Country

Zip

Country

32927

US

## 4. FEI Number

59-3489660

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

FAIN DONALD  
827 LANCER CIRCLEROCKLEDGE  
32955

FL

## 7. Name and Address of New Registered Agent

Name

FAIN DONALD

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

6422 HAROLD AVE

City

COCOA

FL

Zip Code  
32927

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 \_\_\_\_\_ 04/27/2001

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, 2001 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTIN-FAIN GEORGIA	
STREET ADDRESS	827 LANCER CIRCLE	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	P	<input type="checkbox"/> Delete
NAME	FAIN DONALD	
STREET ADDRESS	827 LANCER CIRCLE	
CITY-ST-ZIP	OCOE FL 34761	
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		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN-FAIN GEORGIA	
STREET ADDRESS	6422 HAROLD AVE	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIN DONALD	
STREET ADDRESS	6422 HAROLD AVE	
CITY-ST-ZIP	COCOA FL 32927	
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**

P

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)