

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015721

1. Entity Name

PEACH'S IV, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90117 032 ***150.00

Principal Place of Business

Mailing Address

6400 MANATEE AVENUE WEST
STE L-119
BRADENTON FL 34209

6400 MANATEE AVENUE WEST
STE L-119
BRADENTON FL 34209-2317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

456 12th Street West
Bradenton, FL 34205

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0821413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLALOCK, LANDERS, WALTER AND VOGLER, P.A.
802-11TH STREET WEST
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name: Wickman & Wyckoff, P.A.
Street Address (P.O. Box Number is Not Acceptable):
4909 Manatee Ave. W.
City: Bradenton FL Zip Code: 34209

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

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 **P**
STREET ADDRESS **LUCIANO, MICHAEL J**
CITY-ST-ZIP **6400 MANATEE AVE W STE L-119
BRADENTON FL 34209**

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **LUCIANO, KRISTA L**
CITY-ST-ZIP **6400 MANATEE AVE W
BRADENTON FL 34209**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00
Date

941-744-0747
Daytime Phone #