

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90074 009 \*\*\*150.00

**DOCUMENT # P98000039172**

1. Entity Name  
**JUDY PEEK LANDSCAPE, INC.**



Principal Place of Business  
**6009 NW 53RD TERR  
GAINESVILLE FL 32606**

Mailing Address  
**6009 NW 53RD TERR  
GAINESVILLE FL 32606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3508039**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PEEK, JUDY  
6009 NW 53RD TERR  
GAINESVILLE FL 32606**

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution, ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PEEK, JUDY  
6009 NW 53RD TERR  
GAINESVILLE FL 32606** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

D98000039172

APPLICATION NO.

## FLORIDA MARRIAGE RECORD

GROOM	1 GROOM'S NAME (First, Middle, Last) <b>ROBERT SCOTT WHALEN</b>			2 DATE OF BIRTH (Month, Day, Year) <b>04-02-51</b>	
	3a RESIDENCE - CITY, TOWN, OR LOCATION <b>GAINESVILLE</b>			3b COUNTY <b>ALACHUA</b>	3c STATE <b>FLORIDA</b>
DATA	5a BRIDE'S NAME (First, Middle, Last) <b>JUDY PATRICIA PEEK</b>			5b MAIDEN SURNAME (if different)	6 DATE OF BIRTH (Month, Day, Year) <b>12-07-52</b>
BRIDE	7a RESIDENCE - CITY, TOWN, OR LOCATION <b>GAINESVILLE</b>			7b COUNTY <b>ALACHUA</b>	7c STATE <b>FLORIDA</b>
DATA	8 BIRTHPLACE (State or Foreign Country) <b>FLORIDA</b>				
AFFIDAVIT	WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR OURSELVES, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION EXISTS, NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US. WE HEREBY APPLY FOR LICENSE TO MARRY.				
OF BRIDE	9 GROOM'S SIGNATURE (Sign in name) <i>Robert Scott Whalen</i>			13 BRIDE'S SIGNATURE (Sign in name) <i>Judy Patricia Peek</i>	
AND GROOM	10 SUBSCRIBED AND SWORN TO BEFORE ME ON <b>12-21-98</b>			14 SUBSCRIBED AND SWORN TO BEFORE ME ON <b>12-21-98</b>	
	12 SIGNATURE OF ISSUING OFFICIAL <i>Ann S. Schneider</i>			16 SIGNATURE OF ISSUING OFFICIAL <i>Ann S. Schneider</i>	
	LICENSE TO MARRY			CERTIFICATE OF MARRIAGE	
	17 DATE LICENSE ISSUED <b>12-21-98</b>			21 I HEREBY CERTIFY THAT THE ABOVE NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA ON <b>12/21/98</b> (DATE) AT <b>Gainesville</b> (CITY OR TOWN)	
	18 EXPIRATION DATE <b>02-18-99</b>			22a SIGNATURE OF PERSON PERFORMING CEREMONY <i>Larry A. Turner</i>	
	19a SIGNATURE OF PERSON PERFORMING CEREMONY <i>Larry A. Turner</i>			22b NAME OF PERSON PERFORMING CEREMONY (TYPE OR PRINT) <b>Larry A. Turner</b>	
	19c TITLE <b>CLERK OF CIRCUIT &amp; COUNTY</b>			22c ADDRESS <b>Court House, Gainesville, FL 32601</b>	
	20 COUNTY <b>ALACHUA</b>			22d ADDRESS <b>Gainesville, FL 32601</b>	
	25 DATE RETURNED <b>3/8/99</b>			23 SIGNATURE OF WITNESS TO CEREMONY <i>Ann S. Schneider</i>	
	26 RECORDED IN BOOK _____ PAGE _____			24 SIGNATURE OF WITNESS TO CEREMONY <b>TOM KURTUS</b>	
RECORDED	27 CLERK OF COURT <b>J.K. "BUDDY" IRBY, CLERK CIRCUIT COURT</b>				
INFORMATION BELOW WILL NOT APPEAR ON CERTIFICATION ISSUED BY VITAL STATISTICS, EXCEPT UPON REQUEST.					
GROOM	28 RACE <b>WHITE</b>	29 NUMBER OF THIS MARRIAGE <b>1</b>	IF PREVIOUSLY MARRIED SPECIFY 30-31	30 LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT)	31 DATE LAST MARRIAGE ENDED
BRIDE	32 RACE <b>WHITE</b>	33 NUMBER OF THIS MARRIAGE <b>1</b>	IF PREVIOUSLY MARRIED SPECIFY 34-35	34 LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT)	35 DATE LAST MARRIAGE ENDED

DM 7438, 10/96  
(Obsoletes previous editions)This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

AUDIT CONTROL NO. B456882



J.K. "Buddy" Irby, Clerk of Circuit & County Court, Eighth Judicial Circuit of Florida, in and for Alachua County, hereby certifies this to be a true and correct copy of the document now of record in this office. Witness my hand and seal this 9th day of March, 1999.

J.K. "Buddy" Irby, Clerk of Circuit &amp; County Court

By Ann S. Schneider  
Deputy Clerk