

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057184

1. Entity Name

PEELE ENTERPRISES, INC.

FILED
Jul 31, 2000 8:00 am
Secretary of State

07-31-2000 90009 019 ***150.00

Principal Place of Business

4445 OLD WINTER GARDENS RD.
ORLANDO FL 32811

Mailing Address

P.O. BOX 618693
ORLANDO FL 32861-8693

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

59-3519070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEELE, SHARON F
2507 REEF CT.
ORLANDO FL 32805-5881

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 | PST | <input type="checkbox"/> Delete |
| NAME | PEELE, SCOT D | |
| STREET ADDRESS | 2507 REEF CT | |
| CITY-ST-ZIP | ORLANDO FL 32805 | |
| 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 | Pres | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Peele Scot D | |
| STREET ADDRESS | 2507 Reef Ct | |
| CITY-ST-ZIP | Orlando FL 32805 | |
| TITLE | Sec/Treas | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Peele, Sharon F | |
| STREET ADDRESS | 2507 Reef Ct | |
| CITY-ST-ZIP | Orlando, FL 32805 | |
| 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:

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

7/25/00

Date

407-521-0211

Daytime Phone #

CR2E034 (5/00)

Attachment P98000057184
A0070309

Peele Enterprises Inc.
P.O. Box 618693
Orlando, Florida 32861-8693

July 25 , 2000

Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500

TO WHOM IT MAY CONCERN:

I am writing this to ask that you waive the late filing penalty.
I have received a second notice but did not receive the first
notice.

I am sending a check for \$150.00 in hopes that you will accept
this as full payment . I assure you I will not be late again.

Sincerely,



Scot D. Peele