

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072941

1. Entity Name

BRIAN PEACOCK CONSULTING, INC.

FILED

May 20, 2000 8:00 am
Secretary of State

05-20-2000 90004 019 ***150.00

Principal Place of Business

Mailing Address

4073 BRADFORDVILLE RD
TALLAHASSEE FL 32308

4073 BRADFORDVILLE RD
TALLAHASSEE FL 32308-6301

2. Principal Place of Business

2931 Kerry Forest Parkway

3. Mailing Address

2931 Kerry Forest Parkway

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Tallahassee, FL 32308

City & State

Tallahassee, FL

Zip

32308

Country

U.S.

Zip

32308

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3527998

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

PEACOCK, BRIAN R
4073 BRADFORDVILLE RD
TALLAHASSEE FL 32308

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 \$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 S ☐ Delete
NAME PEACOCK, BRIAN R
STREET ADDRESS 4073 BRADFORDVILLE RD
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE S ☐ Delete
NAME PEACOCK, DEDE P
STREET ADDRESS 4073 BRADFORDVILLE RD
CITY-ST-ZIP TALLAHASSEE FL 32308

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Brian R Peacock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/21/00

Daytime Phone #

850/648-6705

CR2E034 (9/99)