

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083558

1. Entity Name

PEACE RIVER SERVICES, INC.

FILED

Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90060 028 ***150.00

Principal Place of Business

Mailing Address

U.S. HIGHWAY 17 NORTH
WAUCHULA FL 33873

P.O. BOX 1310
WAUCHULA FL 33873-1310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3558907

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JACKSON, ANDREW B
150 NORTH COMMERCE
SEBRING FL 33871

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME HENDERSON, MAURICE
STREET ADDRESS 380 BOYD COWART ROAD
CITY-ST-ZIP WAUCHULA FL 33873

TITLE D ☐ Change ☒ Addition
NAME HARRISON, ROBERTA
STREET ADDRESS 4249 SHAD AVENUE
CITY-ST-ZIP SEBRING, FLORIDA 33870

TITLE VP ☐ Delete
NAME MULCAY, WILLIAM T JR
STREET ADDRESS 902 WEST PALMETTO ST
CITY-ST-ZIP WAUCHULA FL 33873

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

TITLE ST ☐ Delete
NAME JOHNSON, DALE
STREET ADDRESS 3049 COUNTY ROAD 664
CITY-ST-ZIP BOWLING GREEN FL 33834

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

TITLE AST ☐ Delete
NAME STEVENS, RONALD
STREET ADDRESS 5714 6TH STREET
CITY-ST-ZIP ZEPHYR HILLS FL 33541

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

TITLE D ☒ Delete
NAME KNIGHT, DESMOND
STREET ADDRESS 706 OAK FOREST DRIVE
CITY-ST-ZIP WAUCHULA FL 33873

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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: William T. Mulcay, Jr. VP 4/11/00 863-773-4116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)