

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000083558**

1. Entity Name

PEACE RIVER SERVICES, INC.**FILED****Apr 05, 2001 8:00 am**
Secretary of State

04-05-2001 90066 025 ***150.00

Principal Place of Business

**U.S. HIGHWAY 17 NORTH
WAUCHULA FL 33873**

Mailing Address

**P.O. BOX 1310
WAUCHULA FL 33873**

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 **59-3558907**

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****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, 2001 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	<input type="checkbox"/> Delete
NAME	HENDERSON, MAURICE	
STREET ADDRESS	380 BOYD COWART ROAD	
CITY-ST-ZIP	WAUCHULA FL 33873	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	MULCAY, WILLIAM T JR	
STREET ADDRESS	902 WEST PALMETTO ST	
CITY-ST-ZIP	WAUCHULA FL 33873	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	<input type="checkbox"/> Delete
NAME	JOHNSON, DALE	
STREET ADDRESS	3049 COUNTY ROAD 664	
CITY-ST-ZIP	BOWLING GREEN FL 33834	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	AST	<input type="checkbox"/> Delete
NAME	STEVENS, RONALD	
STREET ADDRESS	5714 6TH STREET	
CITY-ST-ZIP	ZEPHYR HILLS FL 33541	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

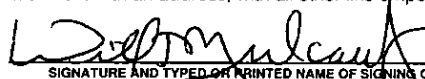
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRISON, ROBERTA	
STREET ADDRESS	4249 SHAD AVE	
CITY-ST-ZIP	SEBRING FL 33870	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**William T. Mulcay, Jr./VP****4/6/01**

Date

863-773-4116

Daytime Phone #

CR2E034 (10/00)