

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04/03/2002 AV

DOCUMENT # P98000083558

1. Entity Name
PEACE RIVER SERVICES, INC.

Principal Place of Business
**U.S. HIGHWAY 17 NORTH
 WAUCHULA FL 33873**

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



DO NOT WRITE IN THIS SPACE

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, 2002 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
 NAME **P**
HENDERSON, MAURICE
 STREET ADDRESS
 CITY-ST-ZIP **380 BOYD COWART ROAD
 WAUCHULA FL 33873** ☐ Delete

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

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

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

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

TITLE
 NAME **DIRECTOR** ☒ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME **SECRETARY/TREASURER** ☒ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP **618 MOUNTAIN LAKE ROAD
 LAKE LAND, FL 33813**

TITLE
 NAME **D**
HARRISON, ROBERTA
 STREET ADDRESS
 CITY-ST-ZIP **4249 SHAD AVE
 SEBRING FL 33870** ☐ Delete

TITLE
 NAME ☒ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP **4249 SHAD DRIVE**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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

3/28/02

Date

(863) 773-4116

Daytime Phone #

CR2E034 (9/01)