

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/18

**FILED**  
**Jun 21, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90367 029 \*\*\*150.00

**DOCUMENT # P99000007371**

1. Entity Name

PEACHIE GEAR, INC.

R

Principal Place of Business

Mailing Address

12855 BELCHER RD. SOUTH, SUITE B-14  
 LARGO FL 33773

12855 BELCHER RD. SOUTH, SUITE B-14  
 LARGO FL 33773-1637

2. Principal Place of Business

3. Mailing Address

2021 Gulf to Bay Blvd  
 Suite, Apt. #, etc.

PO Box 8946  
 Suite, Apt. #, etc.

City & State

City & State

Clearwater FL

Madreia Beach, FL

Zip

Country

Zip

Country

34675

USA

33738

USA

4. FFI Number

59-3558739

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

PICI, ANN

12855 BELCHER RD. SOUTH, SUITE B-14  
 LARGO FL 33773

Name

Street Address (P.O. Box Number is Not Acceptable)

10826 72nd Ave N

City

Seminole, FL

FL

Zip Code

33772

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]*

Signature, typed or printed name of registered agent and title if applicable

Ann Pici, Pres

(NOTE: Registered Agent signature required when reinstating)

1-11-00

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 PICI, ANN  
 12855 BELCHER RD. SOUTH, SUITE B-14  
 LARGO FL 33773 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Pres  
 Pici, Ann  
 10826 72nd Ave N.  
 Seminole, FL 33772 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Delete

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-00

Date

727-458-6025

Daytime Phone #

CP2E034 (9/99)