

2006

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90008 035 ***150.00

DOCUMENT #

P99-000021431

1. Entity Name

PEABODY TRANSPORT CO, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1042 SW HALEYBERRY AVE.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

PORT ST LUCIE FL

Zip
34953

Country

PORT ST LUCIE

City & State

Zip

Country

4. FEI Number

65-0935683

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Winston Beason

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

1042 SW Haleyberry Ave.

City

Port St. Lucie,

FL

Zip Code
34953

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

JUL 11 2006

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT / DIRECTOR
Winston Beason
1042 SW Haleyberry Ave.
Port St. Lucie, FL 34953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Winston Beason 954-818-9348
JUL 11 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

ATTACHMENT

JULY 11, 2006

PEABODY TRANSPORT CO, INC. INC. .
1042 SW HALEYBERRY AVE.
PORT ST. LUCIE, FL 34953
P99-000021431
65-0935683

STATE OF FLORIDA
DIVISION OF CORPORATIONS
PO BOX 1500
TALLAHASSEE, FL 32302-1500

40100166

P99000021431

DEAR SIR OR MADAM:

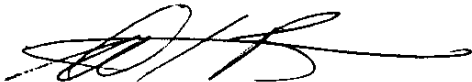
ENCLOSED IS THE CORPORATION ANNUAL REPORT
FOR 2006.

THIS FORM WAS NOT FILED PRIOR TO MAY 1st 2006
BECAUSE WE NEVER RECEIVED THE RENEWAL IN THE MAIL.

A PERSON FROM YOUR OFFICE SAID, "THAT YOU WOULD
ALLOW THE FORM TO BE FILED NOW WITHOUT A PENALTY". ENCLOSED IS
A CHECK FOR \$ 150.00.

THANK YOU.

VERY TRULY YOURS,
PEABODY TRANSPORT CO, INC.



By: WINSTON BEASON, PRESIDENT