

2007

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90200 041 ***150.00

DOCUMENT # P99000021431

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.

City & State
PORT ST LUCIE, FL

City & State

Zip
34953

Country
ST. LUCIE

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

**DO NOT WRITE
IN THIS SPACE**

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.

WINSTON BEASON

4/10/07

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) ☐

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
PRES & DIRECTOR
WINSTON BEASON
1042 SW HALEYBERRY AVE.
PORT ST LUCIE, FL 34953

TITLE
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WINSTONM BEASON

954-818-9348

4/10/07

Date

Daytime Phone #

CR2E034B (12/01)