

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 12, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000056198**

1. Entity Name  
**PEACOCK FIVE INC.**

Principal Place of Business  
 1942 NW 31 ST AVE.  
 GAINESVILLE FL 32605

Mailing Address  
 1942 NW 31 ST AVE.  
 GAINESVILLE FL 32605

2. Principal Place of Business  
 635 12TH AVE NE

3. Mailing Address  
 635 12TH AVE NE

Suite, Apt. #, etc.  
 #6

Suite, Apt. #, etc.  
 #6

City & State  
 SAINT PETERSBURG FL

City & State  
 SAINT PETERSBURG FL

Zip Country  
 33701

Zip Country  
 33701

4. FEI Number  
**59-3593573**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WARNER MICHAEL**  
 1942 NW 31 ST AVE.  
 GAINESVILLE FL 32605

Name  
**WARNER MICHAEL**

Street Address (P.O. Box Number is Not Acceptable)  
 635 12TH AVE NE

#6

City  
**SAINT PETERSBURG FL** Zip Code  
 32605

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 \_\_\_\_\_ **09/12/2001**  
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	D	<input checked="" type="checkbox"/> Delete
NAME	<b>WARNER SHARON</b>	
STREET ADDRESS	<b>1942 NW 31 ST AVE.</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>PEARMAN ELIZABETH</b>	
STREET ADDRESS	<b>1942 NW 31 ST AVE.</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>WARNER MICHAEL</b>	
STREET ADDRESS	<b>1942 NW 31 ST AVE.</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** Michael Warner **D** **09/12/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)