

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90020 039 ***150.00

DOCUMENT # P99000071335

1. Entity Name
PEAKE'S DRYWALL, INC.

Principal Place of Business
1061 S GLENCOE ROAD
NEW SMYRNA BEACH FL 32168

Mailing Address
1061 S GLENCOE ROAD
NEW SMYRNA BEACH FL 32168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **57-1082813**

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

PEAKE, MAMIE E
2534 MOBIL PARK LANE
KISSIMMEE FL 34741

Name **MAMIE E PEAKE**
 Street Address (P.O. Box Number is Not Acceptable) **1061 S. Glencoe RD**
 City **New Smyrna Bch** **FL** Zip Code **32168**

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 *Mamie E Peake*
 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PEAKE, CONLEY S**
 STREET ADDRESS **1061 S GLENCOE RD**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PEAKE, MAMIE E**
 CITY-ST-ZIP **1061 E GLENCOE RD**
NEW SMYRNA BEACH FL 32168

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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: *Mamie E Peake*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/10/02** Daytime Phone #

0017772 AV

00014716



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)