

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

02-03

DOCUMENT # 510408

1. Entity Name

Peddie Acoustics + Drywall Inc

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY 21 PM 1:15

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1001 Colonial DR

3. Mailing Address

1001 Colonial DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200020256152  
05/29/03 01058-035 \$200.00  
DO NOT WRITE IN THIS SPACE

City & State

HAVANA FL

City & State

HAVANA FL

4. FEI Number

59-3035590

Applied For

Not Applicable

Zip

32333

Country

Gadsden

Zip

32333

Country

Gadsden

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Bobby N Peddie

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

1001 Colonial DR

City

HAVANA

FL

Zip Code

32333

**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.

SIGNATURE

Bobby N Peddie Bobby N Peddie

5-21-03

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: Bobby N Peddie President  
NAME: Bobby N Peddie  
STREET ADDRESS: 1001 Colonial DR 1  
CITY-ST-ZIP: HAVANA FL 32333

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: Charles D'Bryan Vice President  
NAME: Charles D'Bryan  
STREET ADDRESS: 3618 S. Lakewood DR  
CITY-ST-ZIP: Tallahassee FL 32311

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: Carolyn J Peddie Sec.  
NAME: Carolyn J Peddie  
STREET ADDRESS: 1001 Colonial DR  
CITY-ST-ZIP: HAVANA FL 32333

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: Bobby N Peddie Bobby N Peddie

5-21-03

850 539 0032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)