

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90078 044 \*\*\*150.00

DOCUMENT # **S93028**

1. Entity Name

**PEICO AUTOMOTIVE DATA SERVICES, INC.**



Principal Place of Business

**4804 GREENCROFT RD  
STE 100  
SARASOTA FL 34235  
US**

Mailing Address

**4804 GREENCROFT RD  
STE 100  
SARASOTA FL 34235  
US**

2. Principal Place of Business

**C/ CABLISH & GENTILE CPA  
Suite, Apt. #, etc.  
4855 27<sup>th</sup> Street West**

**City & State  
Bradenton, Florida**

**Zip Country  
34207 USA**

3. Mailing Address

**C/ CABLISH & GENTILE CPA  
Suite, Apt. #, etc.  
4855 27<sup>th</sup> Street West**

**City & State  
Bradenton, Florida**

**Zip Country  
34207 USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3093925**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CABLISH, HOMER G JR  
6306 CORTEZ RD WEST  
STE 2  
SARASOTA FL 34210**

7. Name and Address of New Registered Agent

Name

**C/ CABLISH & GENTILE CPA  
4855 27<sup>th</sup> Street West  
City  
Bradenton FL Zip Code  
34207**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003- Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CULLEN, PETER D 4904 GREENCROFT RD SARASOTA FL 34235</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQ'D. D. COLLEN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**March 21, 2003**  
Date

**941 761 3500**  
Daytime Phone #

CR2E034 (10/02)