## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # S97980** Mar 15, 2000 8:00 am Secretary of State 1. Entity Name PECK BROKERAGE, INC. 03-15-2000 90070 040 \*\*\*150.00 Principal Place of Business Mailing Address 901 BAY ST. 901 BAY ST. **UNIT 101** AUUZUZII VERO BEACH FL 32963-3095 VERO BEACH FL 32963 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0299956 Not Applicable \$8.75 Additional Zip Country Ζiρ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUDSON, DOROTHY A Street Address (P.O. Box Number is Not Acceptable) 2125 WINDWARD WAY SUITE 200 VERO BEACH FL 32963 City Zip Code 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 4 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ΡÑ Change Addition TITLE ☐ Delete TITLE PECK, JOHN A NAME NAME 901 BAY ROAD, UNIT 101 STREET ADDRESS STREET ADDRESS VERO BEACH FL CITY-\$T-ZIP CITY-ST-ZIP STD Change ☐ Addition TITLE ☐ Delete TITLE PECK, KEVIN NAME NAME 47 SPRINGWOOD PATH STREET ADDRESS STREET ADDRESS LAUREL HOLLOW NY CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS. 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 proviver 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 in changed, or on an attachiltent with an address, with all other like empowered.