

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V08603**

1. Entity Name

Peonma Corporation ✓

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90005 047 ***150.00

Principal Place of Business

Mailing Address

1318 Lafayette Street Same
Cape Coral Fl. 33990

2. Principal Place of Business

3. Mailing Address

1717 SE 41st Street *2221 So. 43rd Lane*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Cape Coral Fl

Cape Coral Fl

Zip

Country

Zip

Country

33904

USA

Fl. 33914

USA

4. FEI Number

65-0323799

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

Thomas Hill W CPA
1318 Lafayette St
Cape Coral, Fl. 33904

Name *Shelly A Derouen*
Street Address (P.O. Box Number is Not Acceptable) *12730 New Brittany Blvd #406*

City *St. Myers* **FL** Zip Code *33907*

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 *Shelly A Derouen*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/00

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, 2000 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	<i>D</i>	<input type="checkbox"/> Delete
NAME	<i>Pete Ileschig Pete</i>	
STREET ADDRESS	<i>W- 6466 Rhindale St</i>	
CITY-ST-ZIP	<i>Roten Bergen Fl</i>	
TITLE	<i>S</i>	<input checked="" type="checkbox"/> Delete
NAME	<i>Hill Thomas W</i>	
STREET ADDRESS	<i>1318 Lafayette St.</i>	
CITY-ST-ZIP	<i>Cape Coral Fl. 33904</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Pete Ileschig*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/00

CR2E034 (9/99)