

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V38354

1. Entity Name

OBY C. PEADEN & ASSOCIATES, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90017 028 ***158.75

Principal Place of Business

Mailing Address

4563 JERNIGAN RD
MILTON FL 32571
US

4563 JERNIGAN RD
MILTON FL 32571-1921
US

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

59-3118824

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

CRAIN, JR. O
10555 GOODRANGE DR.
MILTON FL 32583-8202

Name

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

City

FL

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

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, 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	D	☐ Delete
NAME	PEADEN, OBY C.	
STREET ADDRESS	4563 JERNIGAN RD.	
CITY-ST-ZIP	MILTON FL	
TITLE	DST	☐ Delete
NAME	PEADEN, LILLIE	
STREET ADDRESS	4563 JERNIGAN RD.	
CITY-ST-ZIP	MILTON FL	
TITLE	DP	☐ Delete
NAME	PEADEN, KEVIN P.	
STREET ADDRESS	4416 COPPERWOOD PLACE	
CITY-ST-ZIP	PACE FL 32571	
TITLE	DV	☐ Delete
NAME	PEADEN, MATTHEW B.	
STREET ADDRESS	4416 COPPERWOOD PL	
CITY-ST-ZIP	PACE FL 32571	
TITLE	AST	☐ Delete
NAME	OBIE, CRAIN, JR	
STREET ADDRESS	10555 GOODRANGE DRIVE	
CITY-ST-ZIP	MILTON FL 32583-8202	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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: *Leeie Peaden*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-2000 850-994-5917
Date Daytime Phone #

CR2E034 (9/99)