

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90063 010 ***150.00

DOCUMENT # P96000028654
1. Entity Name
PEAK ENTERPRISES, INC.

Principal Place of Business 1000 SOUTH TAMiami TRAIL SUITE 202 SARASOTA FL 34236	Mailing Address 1000 SOUTH TAMiami TRAIL SUITE 202 SARASOTA FL 34236
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 65-0658118	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
~~KIRTLEY, WILLIAM T~~
~~23940 SOUTH TAMiami TRAIL~~
~~SARASOTA FL 34239~~

7. Name and Address of New Registered Agent
 Name: **JOHN PATTERSON**
 Street Address (P.O. Box Number is Not Acceptable):
46 NORTH WASHINGTON BLVD
 City: **SARASOTA** FL Zip Code: **34236**

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 _____ (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, 2002 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	
TITLE: D	<input type="checkbox"/> Delete
NAME: WIEDER, STEVEN	
STREET ADDRESS: 3925 SWIFT RD	
CITY-ST-ZIP: SARASOTA FL 34231	
TITLE: PD	<input type="checkbox"/> Delete
NAME: OECHSLIN, THOMAS	
STREET ADDRESS: 1000 S TAMiami TRAIL STE 202	
CITY-ST-ZIP: SARASOTA FL 34236	
TITLE: DCEO	<input type="checkbox"/> Delete
NAME: PETRIK, GERO	
STREET ADDRESS: 1000 S TAMiami TRAIL STE 202	
CITY-ST-ZIP: SARASOTA FL 34236	
TITLE: STD	<input checked="" type="checkbox"/> Delete
NAME: ALVAREZ, GIL	
STREET ADDRESS: 1000 S TAMiami TRAIL STE 202	
CITY-ST-ZIP: SARASOTA FL 34236	
TITLE: D	<input type="checkbox"/> Delete
NAME: ROGERS, GREG	
STREET ADDRESS: 1000 S TAMiami TRAIL STE 202	
CITY-ST-ZIP: SARASOTA FL 34236	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: STD NAKAMOTO, KERI	
STREET ADDRESS: SAME	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **1/16/02** **941-373-0046**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)