

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005610

1. Entity Name
PEOPLEASE CORPORATION

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

04-07-2000 90005 008 ***150.00

Principal Place of Business 1470 BEN SAWYER BLVD SUITE 7 MT PLEASANT SC 29464 US	Mailing Address 1470 BEN SAWYER BLVD SUITE 7 MOUNT PLEASANT SC 29464-4593 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1321 CHUCK DAWLEY BLVD.	3. Mailing Address 1321 CHUCK DAWLEY BLVD.
Suite, Apt. #, etc. SUITE 102	Suite, Apt. #, etc. SUITE 102
City & State	City & State

4. FEI Number 57-0993401	Applied For <input type="checkbox"/> Not Applicable
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Zip 29464-3381	Country	Zip 29464-3381	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GIBERT, DEVAUGHN K
108 PAR PLACE
LAKE MARY FL 32746**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	
TITLE PT	<input type="checkbox"/> Delete
NAME SHELLENGER, CHARLES R	
STREET ADDRESS 1470 BEN SAWYER BLVD SUITE 7	
CITY-ST-ZIP MOUNT PLEASANT SC	
TITLE VS	<input type="checkbox"/> Delete
NAME SPEER, D W	
STREET ADDRESS 1470 BEN SAWYER BLVD SUITE 7	
CITY-ST-ZIP MOUNT PLEASANT SC	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: CR Schellenger **C.R. SCHELLENGER** 3/28/00 (843) 849-1164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)