2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State
01-08-2003 90038 021 ****70.00

DOCUMENT # N19068

1. Entity Name

PEOPLES NETWORK, INC.
911 address change JV

Principal Place of Business	Mailing Address
RT 1 BOX 2002 MCCLURG LANE WHITE SPRINGS FL 32096 US	RT 1 BOX 2002 WHITE SPRINGS FL 32096-9620 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
605 NW McCLURG CT	605 NW McCLURG CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WHITE SPRINGS FL	City & State: WHITE SPRINGS FL
Zip: 32096-7308 Country: USA	Zip: 32096-7308 Country: USA

4. FEI Number 59-2776487 ☐ 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
HARDER, CHARLES EDWARD RT 1 BOX 2002 WHITE SPRINGS FL 32096	Name Street Address (P.O. Box Number Is Not Acceptable): 605 NW MCCLURG CT City: WHITE SPRINGS FL Zip Code: 32096-7308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTDC HARDER, CHARLES E. RT 1 BOX 2002 WHITE SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 605 NW McCLURG CT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MAYFIELD-HARDER, DIANNE RT 1 BOX 2002 WHITE SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 605 NW McCLURG CT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEMPERT, LAWRENCE 1601 W. SLIGH AVENUE TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DIANNE MAYFIELD-HARDER 1-6-03 386-397-4390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number