2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 398388** Mar 09, 2000 8:00 am 1. Entity Name **Secretary of State** PENINSULA DESIGN AND ENGINEERING, INC. 03-09-2000 90030 001 ***317.50 Principal Place of Business Mailing Address 217 HO8BS STREET 217 HOBBS STREET SUITE 100 SUITE 100 TAMPA FL 33619-8033 **TAMPA FL 33619** 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE 10 7 *&* 4. FEI Number Applied For 59-1374847 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired FILL Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **ED SAVITZ** Street Address (P.O. Box Number is Not Acceptable) 220 S. FRANKLIN ST. **TAMPA FL 33602** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 🖒 Change ☐ Addition CR2E034 (9/99 TITLE ☐ Delete TITLE GILBERT GILBERT, JOHN F JR NAME NAME ST // STG 101 217 HOBBS 9720 PRINCESS PALM AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL >∰ Change ☐ Addition ☐ Delete TITLE TITLE SHEPHERD, ROBERT C. NAME *S*T STREET ADDRESS 9720 PRINCESS PALM AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Addition ☐ Delete TITLE TITLE **BOTTONE, PETER J** NAME NAME STREET ADDRESS STREET ADDRESS 9720 PRINCESS PALM AVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE ☐ Delete TITLE WHITMAN, ROBERT L ROBERTL NAME NAME 217 HOBBS STREET ADDRESS STREET ADDRESS 9720 PRINCESS PALM AVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Addition ☐ Detete TITLE CERRATO, JOHN D NAME NAME 9720 PRINCESS PALM AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 effect 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: