

# 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 <b>1470 BEN SAWYER BLVD SUITE 7 MT PLEASANT SC 29464 US</b>	Mailing Address <b>1470 BEN SAWYER BLVD SUITE 7 MOUNT PLEASANT SC 29464-4593 US</b>
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2. Principal Place of Business <b>1321 CHUCK DAWLEY BLVD.</b>	3. Mailing Address <b>1321 CHUCK DAWLEY BLVD.</b>
Suite, Apt. #, etc. <b>SUITE 102</b>	Suite, Apt. #, etc. <b>SUITE 102</b>
City & State	City & State



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent <b>GIBERT, DEVAUGHN K 108 PAR PLACE LAKE MARY FL 32746</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PT</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHELLENGER, CHARLES R</b>		NAME	
STREET ADDRESS <b>1470 BEN SAWYER BLVD SUITE 7</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MOUNT PLEASANT SC</b>		CITY-ST-ZIP	
TITLE <b>VS</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SPEER, D W</b>		NAME	
STREET ADDRESS <b>1470 BEN SAWYER BLVD SUITE 7</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MOUNT PLEASANT SC</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)