

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005610

1. Entity Name

PEOPLELEASE CORPORATION

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

04-07-2000 90005 008 \*\*\*150.00

Principal Place of Business

Mailing Address

1470 BEN SAWYER BLVD  
SUITE 7  
MT PLEASANT SC 29464  
US

1470 BEN SAWYER BLVD  
SUITE 7  
MOUNT PLEASANT SC 29464-4593  
US

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



DO NOT WRITE IN THIS SPACE

4. FEI Number

57-0993401

Applied For

Not Applicable

Zip

Country

29464-3381

Zip

Country

29464-3381

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

GIBERT, DEVAUGHN K  
108 PAR PLACE  
LAKE MARY FL 32746

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SCHELLENGER, CHARLES R 1470 BEN SAWYER BLVD SUITE 7 MOUNT PLEASANT SC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SPEER, D W 1470 BEN SAWYER BLVD SUITE 7 MOUNT PLEASANT SC	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)