## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 17, 2001 8:00 am { Secretary of State DOCUMENT # N42918 1. Entity Name 05-17-2001 91356 044 \*\*\*\*61.25 PEACE RIVER ENGINEERING SOCIETY, INC. Principal Place of Business Mailing Address P.O. BOX 510461 P.O. BOX 510461 PUNTA GORDA FL 33951 PUNTA GORDA FL 33951 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0254029 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARRINGTON Street Address (P.O. Box Number is Not Acceptable) QUICK, DANNY **426 ORINOCO STREET** 19453 ULLIS ST **PUNTA GORDA FL 33983** 8. The above named entity submits this statement for the p se of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DV DP TITLE ☐ Delete TITLE Change ☐ Addition WONG, ELIZABETH BRIAN BARNES NAME NAME STREET ADDRESS 1000 FLORIDA ST 1500 MONROE ST STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33901 CITY-ST-ZIP PUNTA GOLDA, FL 33450 W DV ☐ Delete TITLE Addition GERING, MARK W NAME NAME TERRY DENK STREET ADDRESS 2513 HAVEN ST 324 WITERIEY STREET ADDRESS CITY-ST-ZIF PORT CHARLOTTE FL 33948 CITY-ST-ZIP BET CHARLOTTE, FL 3345 TITLE ☐ Delete TITLE DENK, TERRY eich stander NAME NAME 4456 TAMIAMITUALL, STE 47 STREET ADDRESS 326 WHERLEY STREET ADDRESS CITY-ST-ZIP **PORT CHARLOTTE FL 33952** CITY-ST-ZIP PORT CHARLOTTE FL 33480 TITLE ☐ Delete TITLE ☐ Addition MAHEU, KREG NAME NAME BART ARRINGTON 2100 S. TAMIMAI TRAIL, STE B STREET ADDRESS STREET ADDRESS 21453 Liu 15 CITY-ST-ZIP VENICE FL 34293 CITY-ST-ZIP 33481 PUNIA GORDA TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP