

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90099 033 ***558.75

678266

DO NOT WRITE IN THIS SPACE

DOCUMENT # 398388**1. Entity Name**
PENINSULA DESIGN AND ENGINEERING, INC.**Principal Place of Business****217 HOBBS STREET**
SUITE 101
TAMPA FL 33619**Mailing Address****217 HOBBS STREET**
SUITE 101
TAMPA FL 33619**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1374847

Applied For

Not Applicable

Zip

Country

Zip

Country

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****ED SAVITZ**
220 S. FRANKLIN ST.
TAMPA FL 33602

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. 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

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
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** TS ☒ Delete
NAME ~~MORALES, WALTER X~~
STREET ADDRESS 217 HOBBS ST 11 STE 101
CITY-ST-ZIP TAMPA FL 33619**TITLE** TS ☐ Change ☒ Addition
NAME John F Gilbert Jr
STREET ADDRESS 217 Hobbs St, Ste 101
CITY-ST-ZIP Tampa, FL 33619**TITLE** P ☐ Delete
NAME SHEPHERD, ROBERT C.
STREET ADDRESS 217 HOBBS ST 11 STE 101
CITY-ST-ZIP TAMPA FL 33619**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** VS ☒ Delete
NAME ~~BOTTONE, PETER J~~
STREET ADDRESS 217 HOBBS ST 11 STE 101
CITY-ST-ZIP TAMPA FL 33619**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** VP ☐ Delete
NAME WHITMAN, ROBERT L
STREET ADDRESS 217 HOBBS ST 11 STE 101
CITY-ST-ZIP TAMPA FL 33619**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** VP ☐ Delete
NAME CERRATO, JOHN D
STREET ADDRESS 217 HOBBS ST 11 STE 101
CITY-ST-ZIP TAMPA FL 33619**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7-30-02 Daytime Phone # (813) 655-5401

CR2E034 (4/02)