2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 179735 1. Entity Name PENINSULA BUILDERS INCORPORATED				Secretary of State 02-05-2002 90093 002 ***150.00	
Principal Place of Business 1501-03 05:07 PINE AVE HOLLY HILL FL 32117		Mailing Address 14 SUNSET TERRACE C/O FRED V GARD JR DAYTONA BEACH FL 32118-4602			
2. Principal Place of Business		3. Mailing Address			Hi
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-0723500 Applied For Not Applied	
Zip	Country	Zip ,	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current F	tegistered Agent		7. Name and Address of New Registered Agent	
GARD JR,FRED V 14 SUNSET TERR DAYTONA BEACH FL 32018			Street Address	Street Address (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
9. This corpo	Signature, typed or printed name of registered agent are praction is eligible to satisfy its Intangible requirement and elects to do so.	id title if applicable. (NOTE: Re	registered Agent signature requirements FEE IS \$150.00 Fee will be \$550.00	10. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees	
11.	OFFICERS AND D	<u> </u>	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARD, FRED V JR 14 SUNSET TERR BOX 7174 DAYTONA BEACH, FL 00000	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Abbitions/Changes To Officens AND Directors In 11	ition
TITLE NAME STREET ADDRESS: CITY-ST-ZIP	VD GARD, NANCY R -245-SEAVIEW-AVE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	tion
TITLE NAME STREET ADDRESS GITY-ST-ZIP	STD GARD, CYNTHIA A 3630 PEPPER LANE SAMSULA FL	☐ Delete	TITLE NAME, STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	☐ Change ☐ Addi	tion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	tion
NAME STREET ADDRESS CITY-ST-ZIP	e symmetree e 1 de 1 3	□ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addit	
indicated of the cor	on this report or supplemental report is t	rue and accurate and that my s vered to execute this report as I	signature shall have the	n Section 119.07(3)(i), Florida Statules. I further certify that the information he same legal effect as if made under oath; that I am an officer or directo 607, Florida Statutes; and that my name appears in Block 11 or Block 12	or

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date