

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # 543132**1. Entity Name
PEOPLES ENTERPRISES, INC.**Principal Place of Business**233 ACADEMY DRIVE
P.O. BOX 421768
KISSIMEE
347421768

FL

Mailing Address233 ACADEMY DRIVE
P.O. BOX 421768
KISSIMEE
347421768

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-1754959**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**PEOPLES, DAVID L**
233 ACADEMY DRIVE

KISSIMEE

FL

347445669

US

7. Name and Address of New Registered Agent

Name

PEOPLES DAVID LStreet Address (P.O. Box Number is Not Acceptable)
233 ACADEMY DRIVE

City

KISSIMEE

FL

Zip Code
347445669

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 **DAVID L PEOPLES****04/26/2001**

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, 2001 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 VPST ☒ Delete
NAME PEOPLES KEITH
STREET ADDRESS 233 ACADEMY DRIVE
CITY-ST-ZIP KISSIMEE FL 347445669TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE AS ☐ Delete
NAME PEOPLE ANNE W.
STREET ADDRESS 233 ACADEMY DRIVE
CITY-ST-ZIP KISSIMEE FLTITLE V/S ☒ Change ☐ Addition
NAME PEOPLES ANNE W
STREET ADDRESS 233 ACADEMY DRIVE
CITY-ST-ZIP KISSIMEE FL 34744TITLE PSD ☐ Delete
NAME PEOPLES, DAVID L
STREET ADDRESS 233 ACADEMY DRIVE
CITY-ST-ZIP KISSIMEE, FL 00000TITLE PDT ☒ Change ☐ Addition
NAME PEOPLES DAVID L
STREET ADDRESS 233 ACADEMY DRIVE
CITY-ST-ZIP KISSIMEE FL 34744TITLE AS ☐ Delete
NAME PEOPLES, PAUL T.
STREET ADDRESS 233 ACADEMY DRIVE
CITY-ST-ZIP KISSIMEE 00000 FL 347445669TITLE AS/V ☒ Change ☐ Addition
NAME PEOPLES PAUL T
STREET ADDRESS 233 ACADEMY DRIVE
CITY-ST-ZIP KISSIMEE FL 347445669TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: DAVID L PEOPLES

PDT

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)