

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 543132

1. Entity Name
PEOPLES ENTERPRISES, INC.

Principal Place of Business

233 ACADEMY DRIVE
P.O. BOX 421768
KISSIMEE FL 34742-1768

Mailing Address

233 ACADEMY DRIVE
P.O. BOX 421768
KISSIMEE FL 34742-1768

2. Principal Place of Business

233 ACADEMY DR
Suite, Apt. #, etc.

3. Mailing Address

233 ACADEMY DR
Suite, Apt. #, etc.

City & State

KISSIMEE, FL

City & State

KISSIMEE, FL

Zip

34744

Country

OSCEOLA

Zip

34744

Country

OSCEOLA

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 34744-5669

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	AS/V	<input checked="" type="checkbox"/> Delete
NAME	PEOPLES, PAUL T	
STREET ADDRESS	233 ACADEMY DRIVE	
CITY-ST-ZIP	KISSIMEE FL 34744-5669	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	PEOPLES, DAVID L	
STREET ADDRESS	233 ACADEMY DRIVE	
CITY-ST-ZIP	KISSIMEE FL 34744	
TITLE	V/S	<input type="checkbox"/> Delete
NAME	PEOPLES, ANNE-W	
STREET ADDRESS	233 ACADEMY DRIVE	
CITY-ST-ZIP	KISSIMEE FL 34744	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Apr 23, 2002

Date

Daytime Phone #

407-847-9677

CR2E034 (9/01)