

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # 666929**1. Entity Name
D.L. PEOPLES GROUP, INC.

Principal Place of Business

233 ACADEMY DRIVE
P.O. BOX 421768
KISSIMMEE
347421768

FL

US

Mailing Address

233 ACADEMY DRIVE
P.O. BOX 421768
KISSIMMEE
347421768

FL

US

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

59-2986862

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 DRIVEKISSIMMEE
347445669

FL

7. Name and Address of New Registered Agent

Name

PEOPLES DAVID L

Street Address (P.O. Box Number is Not Acceptable)
233 ACADEMY DRIVECity
KISSIMMEE

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 VAS ☐ Delete
NAME PEOPLES ANNE W
STREET ADDRESS 233 ACADEMY DR
CITY-ST-ZIP KISSIMMEE FLTITLE V/S ☒ Change ☐ Addition
NAME PEOPLES ANNE W
STREET ADDRESS 233 ACADEMY DR
CITY-ST-ZIP KISSIMMEE FL 34744TITLE VPST ☒ Delete
NAME PEOPLE KEITH
STREET ADDRESS 233 ACADEMY DRIVE
CITY-ST-ZIP KISSIMMEE FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE AS ☐ Delete
NAME PEOPLES, PAUL T
STREET ADDRESS 233 ACADEMY DRIVE
CITY-ST-ZIP KISSIMMEE FLTITLE V ☒ Change ☐ Addition
NAME PEOPLES PAUL T
STREET ADDRESS 233 ACADEMY DRIVE
CITY-ST-ZIP KISSIMMEE FL 34744TITLE DP ☐ Delete
NAME PEOPLES DAVID L.
STREET ADDRESS 233 ACADEMY DRIVE
CITY-ST-ZIP KISSIMMEE FLTITLE DP/T ☒ Change ☐ Addition
NAME PEOPLES DAVID L
STREET ADDRESS 233 ACADEMY DRIVE
CITY-ST-ZIP KISSIMMEE FL 34744TITLE ☐ 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**

DPT

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)