

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90040 005 ***150.00

DOCUMENT # 666929

1. Entity Name
D.L. PEOPLES GROUP, INC.

Principal Place of Business

**233 ACADEMY DRIVE
P.O. BOX 421768
KISSIMMEE FL 34742-1768
US**

Mailing Address

**233 ACADEMY DRIVE
P.O. BOX 421768
KISSIMMEE FL 34742-1768
US**

2. Principal Place of Business

233 ACADEMY DR

3. Mailing Address

233 ACADEMY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

Zip

Country

34744 OSCEOLA

Zip

Country

34744 OSCEOLA

4. FEI Number

59-2986862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PEOPLES, DAVID L
233 ACADEMY DRIVE
KISSIMMEE 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 **DP/T** ☐ Delete
NAME **PEOPLES, DAVID L**
STREET ADDRESS **233 ACADEMY DRIVE**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **V** ☒ Delete
NAME **PEOPLES, PAUL T**
STREET ADDRESS **233 ACADEMY DRIVE**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **V/S** ☐ Delete
NAME **PEOPLES, ANNE W**
STREET ADDRESS **233 ACADEMY DR**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 25, 2002

Date

407-847-9677

Daytime Phone #

CR2E034 (9/01)