

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H17665

1. Entity Name

PENINSULA PRODUCTS, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90026 044 ***150.00

Principal Place of Business

Mailing Address

% CHARLES D. MEADOWCROFT
2395 LANDING CIRCLE
BRADENTON FL 34209

% CHARLES D. MEADOWCROFT
2395 LANDING CIRCLE
BRADENTON FL 34209



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2395 LANDING CIRCLE P.O. BOX 15299
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BRADENTON, FLORIDA

BRADENTON, FLORIDA

Zip

Country

Zip

Country

34209

34280-5299

4. FEI Number

59-2443740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEADOWCROFT, CHARLES D.
2395 LANDING CIRCLE
BRADENTON FL 34209

Name

CHARLES D. MEADOWCROFT

Street Address (P.O. Box Number is Not Acceptable)

2395 LANDING CIRCLE

City

BRADENTON

FL

Zip Code

34209

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

Charles D. Meadowcroft

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/2000

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	MEADOWCROFT, CHARLES D.	
STREET ADDRESS	2395 LANDING CIRCLE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEADOWCROFT, CAROLINE L.	
STREET ADDRESS	2395 LANDING CIRCLE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MEADOWCROFT, DARBY J	
STREET ADDRESS	5528 FAIR OAKS ST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MEADOWCROFT, CHARLES A	
STREET ADDRESS	2395 LANDING CIRCLE	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT, ASST. TREAS, DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES D. MEADOWCROFT	
STREET ADDRESS	2395 LANDING CIRCLE	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	VP, SEC, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROLYN L. MEADOWCROFT	
STREET ADDRESS	2395 LANDING CIRCLE	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	VP, CFO, DIRECTOR, TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARBY J. MEADOWCROFT	
STREET ADDRESS	P.O. BOX 14519	
CITY-ST-ZIP	BRADENTON, FL 34280	
TITLE	VP, ASSISTANT SEC, DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES A. MEADOWCROFT	
STREET ADDRESS	P.O. BOX 13210	
CITY-ST-ZIP	SCOTTSDALE, AZ 85267-3210	
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:

Charles D. Meadowcroft

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles D. Meadowcroft 3/15/2000 941-792-8623

CR2E034 (9/99)