

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90238 048 \*\*\*158.75

DOCUMENT # K16169

1. Entity Name  
PENINSULA LANDING, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2200 Nelson Street  
Suite, Apt. #, etc.

3. Mailing Address  
2200 Nelson Street  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Panama City, FL

City & State  
Panama City, FL

4. FEI Number  
59-2877702

Applied For  
Not Applicable

Zip Country  
32401

Zip Country  
32401

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Daniel R. Lozier  
Street Address (P.O. Box Number is Not Acceptable)  
24 West Chase Street  
City Pensacola FL Zip Code 32501

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-issuing) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

January 1 - May 1. Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	P Brian D'Isernia 2200 Nelson Street Panama City, FL 32401	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **BRIAN R. D'ISERNIA** 4/24/02 907631900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)