

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K50139

1. Entity Name

PEOPLES SALES & SERVICE COMPANY

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90132 001 ***750.00

Principal Place of Business

Mailing Address

C/O D E SCHWARTZ
 702 N. FRANKLIN STREET
 TAMPA FL 33602-4418
 US

C/O D E SCHWARTZ
 P.O. BOX 111
 TAMPA FL 33601-0111
 US

2. Principal Place of Business

3. Mailing Address

c/o D. E. SCHWARTZ

Suite, Apt. #, etc.

702 N FRANKLIN ST

City & State

City & State

TAMPA FL

Zip
 33602-4429

Country
 US

Zip

Country

4. FEI Number **59-2925325**

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

MCDEVITT, S.M.
 702 NORTH FRANKLIN STREET
 TAMPA FL 33602

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, 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 ☐ Delete
 NAME CANTRELL, W. N.
 STREET ADDRESS 702 N. FRANKLIN STREET
 CITY-ST-ZIP TAMPA FL 33602-4418

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP TAMPA FL 33602-4429

TITLE S ☐ Delete
 NAME SCHWARTZ, D E
 STREET ADDRESS 702 N. FRANKLIN STREET
 CITY-ST-ZIP TAMPA FL 33602-4418

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP TAMPA FL 33602-4429

TITLE V ☒ Delete
 NAME HOUSEHOLDER, J. M.
 STREET ADDRESS 702 N. FRANKLIN STREET
 CITY-ST-ZIP TAMPA FL 33602-4418

TITLE ☐ Change ☒ Addition
 NAME V
 STREET ADDRESS HOLDBROOKS, P. L.
 CITY-ST-ZIP 702 N FRANKLIN STREET
 TAMPA FL 33602-4429

TITLE VTD ☐ Delete
 NAME GILLETTE, G. L.
 STREET ADDRESS 702 N. FRANKLIN STREET
 CITY-ST-ZIP TAMPA FL 33602-4418

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP TAMPA FL 33602-4429

TITLE V ☐ Delete
 NAME CHRISTMAS, R B
 STREET ADDRESS 702 N. FRANKLIN STREET
 CITY-ST-ZIP TAMPA FL 33602-4418

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP TAMPA FL 33602-4429

TITLE D ☐ Delete
 NAME EUSTACE, R. K.
 STREET ADDRESS 702 N. FRANKLIN STREET
 CITY-ST-ZIP TAMPA FL 33602-4418

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP TAMPA FL 33602-4429

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

Date

Daytime Phone #

CR2E034 (9/99)