

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 04, 2001 8:00 am**
Secretary of State

05-04-2001 90075 029 ***150.00

DOCUMENT # K50139

1. Entity Name

PEOPLES SALES & SERVICE COMPANY

Principal Place of Business

**C/O D E SCHWARTZ
702 N. FRANKLIN STREET
TAMPA FL 33602-4429
US**

Mailing Address

**C/O D E SCHWARTZ
P.O. BOX 111
TAMPA FL 33601-0111
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 **59-2925325**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	CANTRELL, W. N.	702 N. FRANKLIN STREET	TAMPA FL 33602-4429						
	S			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SCHWARTZ, D E	702 N. FRANKLIN STREET	TAMPA FL 33602-4429						
	V			<input checked="" type="checkbox"/> Delete		V			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	HOLDBROOKS, P.L.	702 N. FRANKLIN STREET	TAMPA FL 33602-4429			Sivard, F.J.	702 N. Franklin Street	Tampa, FL 33602-4429	
	VTD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	GILLETTE, G. L.	702 N. FRANKLIN STREET	TAMPA FL 33602-4429						
	V			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	CHRISTMAS, R B	702 N. FRANKLIN STREET	TAMPA FL 33602-4429						
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	EUSTACE, R. K.	702 N. FRANKLIN STREET	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

D. E. Schwartz

4-27-01

(813) 228-1808

Date

Daytime Phone #

CR2E034 (10/00)