FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # _LO100000 8723_

1. Entity Name

PEOPLES CREDIT FIRST, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4620 N. HALE AVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State _TAMPA, FL_

City & State

4. FEI Number _59-3728234_

| Applied For |
| Not Applicable |

Zip _33614_ — Country _HILLSBOROUGH_

Zip   Country

5. Certificate of Status Desired   ☑ **$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name _JAMES GOODWIN_

DO NOT WRITE
IN THIS SPACE

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

400 N. TAMPA ST., STE. 2300

City _TAMPA_   **FL**   Zip Code _33601_

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) ☑

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	_PRESIDENT_	TITLE	
NAME	_JULIE CONNELL_	NAME	
STREET ADDRESS	_2109 BAYSHORE BLVD #711_	STREET ADDRESS	
CITY-ST-ZIP	_TAMPA, FL 33606_	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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: _____ _JULIE CONNELL_   _3-27-02_   _813-877-7423_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #