2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000001673

1. Entity Name

PEOPLETECH, INC.



FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 90387 046 ****61.25

NAME STREET ADDRESS								ļ					
Sulte, Apl. #, etc.	8837 W. PATT	ERSON STREET		8837 W	. PATTERSON STRE	EΤ		1.00020	en beki beri bêni beli	1 82 141 86 111 1	10121 11012 B 1	1684 hall 4 68 1	
City & State City & State City & State Country Countr	Principal Place of Business 3. Mailing Address						<u> </u>						
Second S	Suite, Apt. #, etc. Suite, Apt. #, etc.							☐ CHECK HERE IF MAKING CHANGES					
See The Address of New Registered Agent RESCHMAN, IRA 8837 W. PATTERSON STREET TAMPA FL 33615 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered Agent, or both, in the State of Florida. I am familiar with, and acc the obligations of reg stered agent. Signature FILE NOW: FEE IS 561.25 9. Election Campaign Financing Trust Fund Contribution. CITY SEE Address (P.O. Box Number is Not Acceptable) Make Check Payable to Florida Department of State of Florida. I am familiar with, and acc the obligations of reg stered agent. FILE NOW: FEE IS 561.25 9. Election Campaign Financing Address of Now Registered agent are stated at the face included at the face inc	City & State				City & State			4. FEI Number 59-3631976		-			
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RESCHMAN, IRA 8837 W. PATTERSON STREET TAMPA FL 33615 City	6. Name and Address of Current Registered Agent							7. Name and	Address of New R	legistered	Agent		
8837 W. PATTERSON STREET TAMPA FL 33615 City		ee in anti-	ere to see as		-		Name -	in the second			`	,	
6. 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. I am familiar with, and acc the obligations of registered agent. SIGNATURE Signature, hyped or primed name of registered agent and title if applicable. (NOTE Registered Agent signature required when namedating) DATE							Street Address	s (P.O. Box Numbe	er is Not Acceptable	e)			
B. 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. I am familiar with, and accident obligations of registered agent. SIGNATURE Signature, hipsed or printed name of registered agent and title if applicable. PILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. DATE Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS IN 10 ITIE NAME RESCHMAN, KRISTIN 8837 W. PATTERSON ST. STRET ADDRESS CITY-ST-2P TAMPA FL 33615 TITLE NAME RESCHMAN, IRA STRET ADDRESS AS37 W. PATTERSON STREET CITY-ST-2P TAMPA FL 33615 TITLE NAME NAME NALEZYNSKI, THEO Delete TITLE NAME NAME NALEZYNSKI, THEO Change Add Change Add Change Add Add Change Add Add Change Add Change Add Add Change Add Change Add Change Add Change Add Add Change Add Change Add Change Add Add Change Add Change Add Change Add Change Add Add Change Add Change Add Add Change Add Change Add Change Add Change Add Add Change Add	TAMPA F	FL 33615					City				Tin Cor		
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURA (2506 RED-

4/29/03