FILED
Jul 02, 2002 8:00 am
Secretary of State

05-24-2002 91367 001 ***450.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000037662

1. Entity Name
THE PENINSULA INN + SPA, INC.

DO NOT WRITE IN THIS SPACE

37447

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2. Principal Place of Business	3. Mailing Address
3540 - 5th Ave N.	3540 - 5th Ave N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST Petersburg, FLA	City & State: ST Petersburg, Fla
Zip: 33713 Country: USA	Zip: 33713 Country: USA

4. FEI Number: 59-3677637 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Suzanne Letourneau

Street Address (P.O. Box Number is Not Acceptable): 12350 7th ST E

City: Treasure Island FL Zip Code: 33706

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: PD NAME: Kingzett, Alexander R STREET ADDRESS: 3540 - 5th Ave N CITY-ST-ZIP: St Petersburg, Fla 33713	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: VD NAME: Kingzett, James STREET ADDRESS: 3540 - 5th Ave N CITY-ST-ZIP: St Petersburg, Fla 33713	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: STVD NAME: Letourneau, Suzanne STREET ADDRESS: 3540 - 5th Ave N CITY-ST-ZIP: St Petersburg, Fla 33713	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: _____ Suzanne Letourneau 727-36

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date STVD Daytime Phone # 0112