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

05-05-2003 91905 016 ***150.00

00116033

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000037662

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

Principal Place of Business	Mailing Address
3540 5TH AVENUE N SAINT PETERSBURG, FL 33713 US	3540 5TH AVENUE N SAINT PETERSBURG, FL 33713 US

2. Principal Place of Business	3. Mailing Address
2937 Beach Blvd	PO BOX 5202
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gulfport FL	City & State: Gulfport FL
Zip: 33737 Country: USA	Zip: 33737 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3677837 ☐ 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
LETOURNEAU, SUZZANNE 12350 7TH STREET E TREASURE ISLAND, FL 33706	Name: Alexandra Kingzett Street Address (P.O. Box Number is Not Acceptable): 2937 Beach Blvd City: Gulfport FL Zip Code: 33737

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KINGZETT, ALEXANDER R 3540 5TH AVENUE N SAINT PETERSBURG, FL 33713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Kingzett, Alexandra 2937 Beach Blvd Gulfport FL 33737	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KINGZETT, JAMES 3540- 5TH AVENUE N ST. PETERSBURG, FL 33713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP James Kingzett 2937 Beach Blvd Gulfport FL 33737	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STVD LETOURNEAU, SUZANNE 3540 5TH AVENUE ST. PETERSBURG, FL 33713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STVD ~~SUZZANE~~ SUZANNE Letourneau 2937 Beach Blvd Gulfport FL 33737	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 607, 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: _____ 4/30/03 727 346 9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #