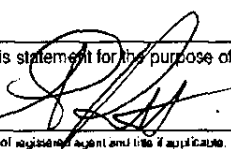
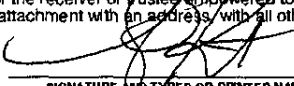


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91905 016 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000037662			
1. Entity Name THE PENINSULA INN & SPA, INC.			
Principal Place of Business 3540 5TH AVENUE N SAINT PETERSBURG, FL 33713 US		Mailing Address 3540 5TH AVENUE N SAINT PETERSBURG, FL 33713 US	
2. Principal Place of Business 2937 Beach Blvd		3. Mailing Address PO BOX 5202	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Gulfport FL		City & State Gulfport FL	
Zip 33737		Zip 33737	
Country USA		Country USA	
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 LETOURNEAU, SUZANNE 12350 7TH STREET E TREASURE ISLAND, FL 33706		7. Name and Address of New Registered Agent 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  DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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 SUZANNE 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 #	

CR2E034 (10/02)