2001 UNIFORM BUSINESS REPORT (UBR)

Aug 10, 2001 8:00 am Secretary of State P00000049740 DOCUMENT # 07-25-2001 90011 030 ***550.00 1. Entity Name P.E.G. OF CHARLOTTE COUNTY, INC. 01-29-2001 90012 042 ***150.00 Principal Place of Business Mailing Address 77342 4265-C TAMIAMI TRAIL 4265-C TAMIAMI TRAIL PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 051026776 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.- Name and Address of Current Registered Agent - - -----7. Name and Address of New Registered Agent GREAVES, PHILLIP E Street Address (P.O. Box Number is Not Acceptable) 4265-C TAMIAMI TRAIL PORT CHARLOTTE FL 33952 Zip Code FL 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, 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE ☐ Delete TITI F CR2E034 (5/01) Addition GREAVES, PHILLIP E NAME NAME 282 PARAMARIBO ST STREET ADDRESS STREET ADDRESS **PUNTA GORDA FL 33983** COY-ST-7IP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete. -TITLE. Change 🛴 🚅 Addition. MAKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered

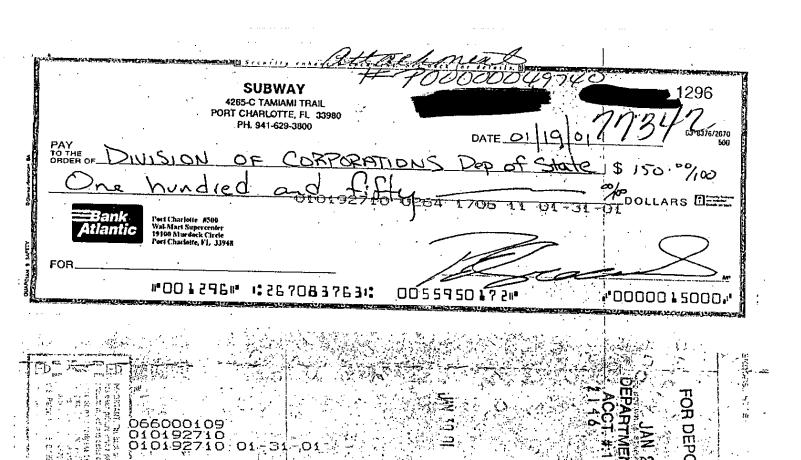
CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIE



07/18/01 (941)629-3800



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