

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90134 002 \*\*\*150.00

DOCUMENT # P01000059192

1. Entity Name  
PEOPLETECH RESOURCES, INC.



Principal Place of Business  
1427 CAPRI LANE  
SUITE 5008  
WESTON FL 33326

Mailing Address  
1427 CAPRI LANE  
SUITE 5008  
WESTON FL 33326



2. Principal Place of Business

3. Mailing Address

13283 S.W. 43<sup>rd</sup> Street

13283 S.W. 43<sup>rd</sup> Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Davie FL

City & State

Davie FL

4. FEI Number

65-1114119

Applied For

Not Applicable

Zip  
33330

Country  
U.S.

Zip  
33330

Country  
U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, RICHARD R  
1427 CAPRI LANE  
SUITE 5008  
WESTON FL 33326

7. Name and Address of New Registered Agent

Name Richard R. Roberts  
Street Address, P.O. Box Number, is Not Applicable  
13283 S.W. 43<sup>rd</sup> Street  
City Davie FL Zip Code 33330

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

2/17/03

**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

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, RICHARD	
STREET ADDRESS	1427 CAPRI LANE	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Roberts, Richard	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberts, Richard	
STREET ADDRESS	13283 S.W. 43 <sup>rd</sup> Street	
CITY-ST-ZIP	Davie, FL 33330	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/03

Date

(954) 693-7840

Daytime Phone #

CR2E034 (10/02)