


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2003 8:00 am
Secretary of State

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08-19-2003 90047 001 *3,300.00

DOCUMENT # P01000067808	
1. Entity Name PEOPLE 2.0 OPERATIONS, INC.	

Principal Place of Business 770 E. MARKET ST. SUITE 130 WEST CHESTER PA 19382	Mailing Address 770 E. MARKET ST. SUITE 130 WEST CHESTER PA 19382
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55055332

2. Principal Place of Business 780 E. Market St Suite, Apt. #, etc. Suite 120 City & State West Chester, PA Zip 19382 Country USA	3. Mailing Address 780 E. Market St. Suite, Apt. #, etc. Suite 120 City & State West Chester, PA Zip 19382 Country USA
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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1135007	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KANOUSE, KEITH J ONE BOCA PLACE, 2255 GLADES ROAD SUITE 324 ATRIUM BOCA RATON FL 33431	
7. Name and Address of New Registered Agent Name <u>Charles B. Miller</u> Street Address (P.O. Box Number is Not Acceptable) <u>500 Phillips Drive</u> City <u>Boca Raton</u> FL <u>33432</u>	

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 Charles B. Miller DATE 8-26-03

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

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MILLER, CHARLES B 112 ROYAL PARK DRIVE, APT. 3-A OAKLAND PARK FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miller, Charles B 500 Phillips Drive Boca Raton, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS VAN SOEST, DAVID 410 FOX MEADOW LANE WEST CHESTER PA 19382 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Van Soest, David N 780 E. Market St. Suite 120 West Chester, PA 19382 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: David Van Soest SIGNATURE REQUIRED 8/25/03 610429-4111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)