


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90163 042 \*\*\*150.00

<b>DOCUMENT #</b> P01000120438	
1. Entity Name <b>PEOPLEAPPS, INC.</b>	

Principal Place of Business <b>5703 RED BUG LAKE ROAD #156 WINTER SPRINGS FL 32708</b>	Mailing Address <b>5703 RED BUG LAKE ROAD #156 WINTER SPRINGS FL 32708</b>
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2. Principal Place of Business <b>5703 RED BUG LAKE ROAD</b>	3. Mailing Address <b>5703 RED BUG LAKE ROAD</b>
Suite, Apt. #, etc. <b>#309</b>	Suite, Apt. #, etc. <b>#309</b>

☐ CHECK HERE IF MAKING CHANGES

City & State <b>WINTER SPRINGS, FL</b>	City & State <b>WINTER SPRINGS, FL</b>
Zip <b>32708</b>	Country <b>USA</b>

4. FEI Number <b>26-0000264</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>CLARK, GREGORY A 5703 RED BUG LAKE ROAD #156 WINTER SPRINGS FL 32708</b>
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7. Name and Address of New Registered Agent Name <b>GREGORY A. CLARK</b> Street Address (P.O. Box Number Not Acceptable) <b>5703 RED BUG LAKE ROAD #309</b> City <b>WINTER SPRINGS FL</b> Zip Code <b>32703</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 10, 2003 Fee will be \$750.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P CLARK, GREGORY A 5703 RED BUG LAKE ROAD, #156 RED BUG LAKE ROAD FL 32708</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PRESIDENT GREGORY A. CLARK 5703 RED BUG LAKE ROAD, #309 WINTER SPRINGS, FL 32708</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:**  **AUG 15, 2003** **407-388-5285**

CR2E034 (4/03)

Attachment

90150859

#P01000120438

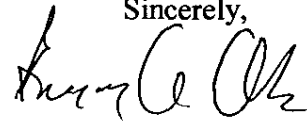
5703 Red Bug Lake Road, #309  
Winter Springs, FL 32708  
August 15, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear or Madame,

I am respectfully requesting that the late fee be waived for my filing. Due to an issue of my mailing be distributed by mistake to another location, I have not received any prior notices of this fee and just received this notice with penalty. This problem has been corrected. Enclose is a check for the \$150.00 filing fee. Thank you.

Sincerely,



Gregory A. Clark  
President, PeopleApps, Inc.