

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

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90078 019 \*\*\*158.75

DOCUMENT # P02000042092

1. Entity Name  
THE PEOPLE PLACE OF FLORIDA, INC.



Principal Place of Business  
720 SOUTH COLLIER BLVD.  
UNIT 207  
MARCO ISLAND FL 34145

Mailing Address  
720 SOUTH COLLIER BLVD.  
UNIT 207  
MARCO ISLAND FL 34145



2. Principal Place of Business

3. Mailing Address

1083 N COLLIER BLVD

1083 N COLLIER BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

314

314

City & State

City & State

MARCO ISLAND, FL

MARCO ISLAND, FL

Zip

Country

Zip

Country

34145

COLLIER

34145

COLLIER

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

45-0474189

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLEM, LESLIE L  
720 SOUTH COLLIER BLVD.  
UNIT 207  
MARCO ISLAND FL 34145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	Les Clem	720 S. Collier Blvd., Unit 207	Marco Island, FL 34145				

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:

*Les Clem* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03

(614)457-1313

Date

Daytime Phone #

CR2E034 (10/02)