2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000050949 **DOCUMENT #**

SIGNATURE:



FILED Jan 15, 2003 8:00 am Secretary of State

PEACE WEALTH MANAGEMENT, INC.			01-13-2003 90240 001 ** 130.00
Principal Place of Business 13800 PARK BOULEVARD NORTH SEMINOLE FL 33776	Mailing Address 13800 PARK BOULEVARD SEMINOLE FL 33776	NORTH NORTH	
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc. Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES
City & State City & State			4. FEI Number Applied For
Zip Country	Zip	Country	5. Certificate of Status Desired Sa.75 Additional
6. Name and Address of Current F	Registered Agent		fee Required
u z wes	iogistered Agent	Name	7. Name and Address of New Registered Agent
HARTLAND, KRISTINE 13800 PARK BOULEVARD NORTH SEMINOLE FL 33776		Street Address	(P.O. Box Number is Not Acceptable)
		City	FL Zip Code
SIGNATURE Signature, typed or printed name of registered agent an	Harland	Registered Agent signature require	
Make Check Payable to Florida Department of			9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
10. OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP SEM INDI, FL 33	Mand Delete II Trail 1772	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE IAME STREET ADDRESS SITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITLE IAME STREET ADDRESS ITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· Change Addition
I hereby certify that the information supplied with the indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with	ered to execute this report as	e exemption stated in Sec signature shall have the s required by Chapter 607,	ction 119.07(3)(i), Florida Statutes. I further certify that the information ame legal effect as if made under oath; that I am an officer or director. Florida Statutes; and that my name appears in Block 10 or Block 11 if