

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

MOORE AV

DOCUMENT # P94000060596

1. Entity Name
PEBBLE CREEK PLACE, INC.

02-07-2002 90052 034 ***150.00

Principal Place of Business
28100 N JONES LOOP RD
PUNTA GORDA FL 33982
US

Mailing Address
PO BOX 511255
PUNTA GORDA FL 33951
US



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0527070** 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			
SUTTON, WILLIAM J				Name			
28100 N JONES LOOP RD				Street Address (P.O. Box Number is Not Acceptable)			
PUNTA GORDA FL 33982				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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00** After May 1, 2002 Fee will be \$550.00 **Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUTTON, WILLIAM J			NAME			
STREET ADDRESS	28100 N JONES LOOP RD			STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUTTON, WELLINGTON J			NAME			
STREET ADDRESS	PO BOX 511255			STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUTTON, CHARLES R			NAME			
STREET ADDRESS	275 RIDGEWAY DR			STREET ADDRESS			
CITY-ST-ZIP	BRIDGEPORT WV			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUTTON, FRANKLIN L			NAME			
STREET ADDRESS	113 CIMARRON RD			STREET ADDRESS			
CITY-ST-ZIP	CLARKSBURG WV			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **1/22/02** **941-639-7470**
 Date Daytime Phone #

CP2E034 (9/01)