FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Apr 29, 2002 8:00 am Secretary of State DOCUMENT # P97000042176 1. Entity Name 04-29-2002 90011 001 ***150.00 PEGGY'S INTERIORS, INC. Principal Place of Business Mailing Address 6012 MEDICI COURT 6012 MEDICI COURT SARASOTA FL 34243 SARASOTA FL 34243 3. Mailing Address 2. Principal Plade of Business 7840_ Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State Sity & State 4. FEI Number 59-3445277 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired SArasota Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EICHENAUER, PEGGY L 6012 MEDICI COURT 102 SARASOTA FL 34243 tity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named ej SIGNATURE (NOTE: Registered Agent signature required when reinstating) writted name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01)Addition ☐ Delete TITLE TITLE NAME NAME EICHENAUER, PEGGY L CR2E034 STREET ADDRESS STREET ADDRESS 6012 MEDICI COURT 102 CITY-ST-ZIP ÇITY-ST-ZIP SARASOTA FL 34243 ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 empowers 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 SIGNATURE:

SIGNATURE TIMED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR