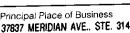
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P97000070336

1. Entity Name PEREGRINE MOTORS, INC.





FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90073 023 ***158.75

Principal Place of Business 17837 MERIDIAN AVE., STE. 314 DADE CITY FL 33525			Mailing Address 37837 MERIDIAN AVE., STE. 314 DADE CITY FL 33525									,	
2. Principal Plac	ce of Busin	ess	3. Mailing Address										
Suite, Apt. #,	, etc.		Suite, Apt. #, etc.				☐ CHECK HERE-IF MAKING CHANGES						
City & State			City & State		4. F	4. FEI Number 59-3462152			Applied For Not Applicable				
Zip Country			Zip	Country			5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent						
6. Name and Address of Current Registered Agent						7. N	lame and Ad	dress of New	Registered A	tgent			
	U. Hame	and red out of the			Name						į		
JOHNSON, 37837 MER		D H E., STE. 314		<u> </u>			Street Address (P.O. Box Number is Not Acceptable)						
DADE CITY													
		ty submits this statement f		City				FL					
the obligation	ons of regis	tered agent.	at and title if applicable.		ed Agent signature		einstating)		DATE				
After	May 1 20	III. FEE-IS \$150,00: 103 Fee will be \$550.00 to Florida Department	1 1				Trust	on Campaign E Fund Contribut	ion. L	Added	May Be I to Fees		
10.		OFFICERS ANI	DIRECTORS	11.		AC	DITIONS/CH	IANGES TO O	FFICERS AIN			ন্ত	
TITLE NAME STREET ADDRESS	8518 MIL	JRN, WILLIAM B ANO-DRIVE O FL 32810			LE ME REET ADDRESS IY-ST-ZIP	P.O.	BOX /	86 GA 3	3/537	☐ Change	☐ Addition	CR2E034 (10/02)	
TITLE NAME STREET ADORESS	One			NA STI	ile Me Reet address Ty-st-zip		•			☐ Change	☐ Addition	5	
TITLE NAME STREET ADDRESS				NA ST	TLE AME REET ADDRESS TY-ST-ZIP			•		☐ Change	☐ Addition		
CITY-ST-ZIP TITLE NAME STREET ADDRESS				N/ 	TLE AME TREET ADDRESS		: -			☐ Change	Addition		
TITLE NAME STREET ADDRESS				Delete Ti	TTLE AME TREET ADDRESS ITY-ST-ZIP	_			-1	☐ Change	☐ Addition		
CITY-ST-ZIP	<u> </u>									Change	Addition	1	

CITY-ST-ZIP 12. Thereby 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 appeared or one attended to one officer or in other receiver or trustee. changed, or on an attachment with

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

Delete