2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

2002 UNIFORM BUSINESS REPORT (UBR)					FILED Jan 30, 2002 8:00 am			
DOCUMENT # P97000079780					Secreta	ry of Sta	te	សៅមេវេ
1. Entity Nan	AST PENINSULA PROPERTIE	ES, INC.				0082 030 ***150.		¥
Principal Place of Business 162 FLOMICH ST HOLLY HILL FL 32117		Mailing Address 162 FLOMICH ST HOLLY HILL FL 32117			DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 3388 BAJA TR. Suite, Apt. #, etc.		3. Mailing Address 3. Address 3. Mailing Address 3. Mailing Address 3. Mailing Address 3. Mailing Address 4. Suite, Apt. #, etc.						
City & Star	JD BEACH FL.	City & State ORMOND		4.	FEI Number 59-3471507	No	oplied For of Applicable]
3217	4 Volusia	32174_	Vousia	5.	Certificate of Status Desired	\$8.75 Add		
	6. Name and Address of Current I	Registered Agent	Name	7.	Name and Address of New R	egistered Agent -		}
EMINOF; NECMETTIN 162 FLOMICH ST		Street Address		Address (P.O.	Box Number is Not Acceptable)		1
HOLLY HILL FL 32117								1
		City			FL Zip Code			
8. The above	e named entity submits this statement for	the purpose of changing it	s registered office o	r registered a	igent, or both, in the State of Flo	rida.		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registered Agent signa	ture required when	reinstating)	DATE		
9. This corporate Tax filling	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)		!!! FEE IS \$150 002 Fee will be \$! ble to Departmen	550.00	10. Election Campaign Fin Trust Fund Contribution	~ _ +0.0	May Be	1
11.	OFFICERS AND I		12.	A	DDITIONS/CHANGES TO OFFI			1
STREET ADDRESS	VP EMINOF, NECMETTIN 162 FLOMICH ST HOLLY HILL FL 32117	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	233	LS BAJA TR.	EL 3a179	☐ Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS	P EMINOF, NIHAET 162 FLOMICH ST	☐ Defete	TITLE NAME STREET ADDRESS		8 BAJATR.	€ flange	☐ Addition	8
	HOLLY-HILL FL 32117		CITY-ST-ZIP		OHD-BEACH	Fl. 3217	4	-
	II BALSAMO, ROBERT 266 GLENBRIAR IDAYTONA BEACH FL 32114	☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP TITLE	DATTUNA BEACH PL 32114	☐ Delete	CITY-ST-ZIP TITLE			☐ Change	Addition	-
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					
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	-
13. I hereby of indicated of the cor	Learlify that the information supplied with on this report or supplemental report is reporation or the receiver or trustee empor, or on an attachment with an address, w	true and accurate and that wered to execute this repor	or the exemption sta my signature shall h t as required by Cha	ave the same	e legal effect as if made under o	ath; that I am an officer	or director	1