-2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

SIGNATURE:

25 SOUTH LINKS AVE

P98000077102

Mailing Address

PO BOX 1779

1. Entity Name

PEOPLES COMMUNITY BANCSHARES, INC.



FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90083 025 ***150.00

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SARASOTA FL 34236		SARASOTA FL 34230				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
		City & State		4. FEI Number 65-0883406 Applied For Not Applicable		
City & State			Country	S8.75 Additional		
Zip ,	Country	Zip	Country	Fee nequired		
6. Name and Address of Current Registered Agent			Nam	7. Name and Address of New Registered Agent		
			ļ			
	IGLER DOUGHERTY, P.A.			Street Address (P.O. Box Number is Not Acceptable)		
1501 PARK			ļ			
TALLAHASS	SEE FL 32301			FL Zip Code		
			City	- -		
8. The above r	named entity submits this statement	for the purpose of changing	its registered offic	e or registered agent, or both, in the State of Florida. I am familiar with, and accept		
the obligation	ons of registered agent.			, , , , , , , , , , , , , , , , , , , ,		
SIGNATURE _		(N	OTF: Registered Agent s	ignature required when reinstating) DATE		
	Signature, typed of printed name of taget	ent and thie ii applicable.				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing						
		ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
10.	D ·	☐ Delete	TITLE	Pres., CEO, Chmn, Dir.		
TITLE NAME	MCCURRY, NEIL D JR		NAME	McCurry, Neil D. Jr.		
STREET ADDRESS	1651 FLOYD ST.		STREET ADDR	/40 F105pccc bc2000		
CITY-ST-ZIP	SARASOTA FL 34239		TITLE	Sarasota, Fiorica 37239 Q Change Addition		
TITLE	D ATTOKE F	☐ Delete	NAME	Director Liebel, Steve E.		
NAME STREET ADDRESS	LIEBAL, STEVE E 7158 CAPTAIN KIDD		STREET ADD	1424 N. Lakeshore Drive		
CITY-ST-ZIP	SARASOTA FL-34233~	<u>ب</u> سبحه	-CiTY-ST-ZiF	Sarasota, Florida 34231 Change Addition		
TITLE	D		TITLE	Director		
NAME	SOPER, CRAIG A		NAME STREET ADD	Cox, Joel M.		
STREET ADDRESS	4431 GALWAY DR.		GITY-ST-ZI	204 ROCKIIII COUIC		
CITY-ST-ZIP	SARASOTA FL 34234	X ☐ Delete	TITLE			
TITLE NAME	D BEAUCHAMP, BRIAN W	V- com	NAME	Director Skokos, Peter Z.		
STREET ADDRESS	3717 71ST TERR.		STREET ADD	RESS 902 Woodview Way		
CITY-ST-ZIP	SARASOTA FL 34243		CITY-ST-ZI	Bradenton, Florida 34202 Change Addition		
TITLE	D	☐ Delete	TITLE NAME	Director		
NAME	BEAUCHAMP, WILLIAM J JR		STREET AD	Beauchamp, William J. Jr.		
STREET ADDRESS CITY-ST-ZIP	7368 PALOMINO TERR. SARASOTA FL 34241		CITY-ST-Z	921 North Lime Avenue Sarasota, Florida 34237 Change Q Addition		
TITLE	ON WOOTH TE OREST	Delete	TITLE	Λ.		
NAME			NAME CERECT AD	CFO, EVP		
- Y			STREET AD			
CITY-ST-ZIP	<u> </u>	I THE SECTION ASSESSMENT OF SECTION	ify for the exempt	on stated in Section 119.07(3)(i), Eurida Statutes. Tryriner certify that the information		
STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Eprica Statutes. I turner certify that the information of indicated on this report or supplemental report is true and accurate and that my signature shall have for at ithe information and indicated on this report or supplemental report is true and accurate and that my signature shall have for at ithe information and indicated on this report or supplemental report is true and accurate and that my signature shall have for at ithe information and it is indicated on this report or supplemental report is true and accurate and that my signature shall have for a statutes; and that my name appears in Block 10 or Block 11 if 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 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 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 of the corporation or the receiver or trustee empowered.						