## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P98000107008

Entity Name: FIRST PEOPLES BANK

FILED Apr 14, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1301 SE PORT ST. LUCIE BLVD PORT ST. LUCIE, FL				1301 SE PORT ST. LUCIE BLVD PORT ST. LUCIE, FL 34952			
Current Mailing Address:				New Mailing Address:			
1301 SE PORT ST. LUCIE BLVD PORT ST. LUCIE, FL				1301 SE PORT ST. LUCIE BLVD PORT ST. LUCIE, FL 34952			
FEI Number:	65-0824842	FEI Number Applied For ( )	FEI Nun	nber Not Appli	icable ( )	Certificate of Status	Desired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
				1301 SE P	AVID W PRES. DRT ST. LUCIE LUCIE, FL 3499		
The above in the State		submits this statement for the pu	rpose o	f changing it	s registered offi	ice or registered a	gent, or both,
SIGNATURE: DAVID W. SKILES						04/14/2003	
	Electron	ic Signature of Registered Agen	it			Date	
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () AUTIN, JAMES 1700 HILLMOO PORT ST. LUCI	R DR STE 501		Title: Name: Address: City-St-Zip:	() C	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () BAKER, JOHN 1945 WIRDWAI VERO BEACH, I			Title: Name: Address: City-St-Zip:	D (X) C BAKER, JOHN V 1945 WIRDWARI VERO BEACH, FI	D WAY	
Title: Name: Address: City-St-Zip:	CD () BERGER, GAR` 111 ORANGE A FT. PIERCE, FL	VE #300		Title: Name: Address: City-St-Zip:	CD (X) C BERGER, GARY 111 ORANGE AV FT. PIERCE, FL	E #300	
Title: Name: Address: City-St-Zip:	D () CUOZZO, DONA 49 FLAGLER AV STUART, FL 34	ALD J /E STE 302		Title: Name: Address: City-St-Zip:	( ) C	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () DECKER, ANN I 250 NW COUNT PORT ST. LUCI	RY CLUB DR		Title: Name: Address: City-St-Zip:	()0	Change ()Addition	
Title: Name: Address: City-St-Zip:	D () MIRET, PAUL J 312 NW BROAL PORT ST. LUCI			Title: Name: Address: City-St-Zip:	()0	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID W. SKILES PRES 04/14/2003

PAUL ZINTER, D 2882 SE FARLEY ROAD PORT ST. LUCIE, FL 34952

TOM WARNER, D 476 KRUEGER CREEK PLACE STUART, FL 34996

ROBERT SCHWEIGER, S/D 9752 SW SANTA MONICA DRIVE PALM CITY, FL 34990

DAVID W. SKILES, PRES/D 2662 SE EMMETT ROAD PORT ST. LUCIE, FL 34952

ROBERT SEELEY, D 386 NW TOSCANE TRAIL PORT ST. LUCIE, FL 34986