

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088335

1. Entity Name Peninsula Gold Inc

AMENDED REPORT

Principal Place of Business 296 Marjorie Blvd.
Longwood, FL. 32750

Mailing Address P.O. Box 950687
Lk Mary, FL 32746

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 20 PM 1:30

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
593612157

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Felices, Madelaine
296 Marjorie Blvd.
Longwood, FL 32750

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME Madelaine Felices
STREET ADDRESS 296 Marjorie Blvd.
CITY-ST-ZIP Longwood, FL 32750

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME Chin, Kimberly
STREET ADDRESS 296 Marjorie Blvd.
CITY-ST-ZIP Longwood, FL 32750

TITLE D ☒ Change ☐ Addition
NAME Chin, Kimberly
STREET ADDRESS 296 Marjorie Blvd.
CITY-ST-ZIP Longwood, FL 32750

TITLE D ☐ Delete
NAME Paul Patterson
STREET ADDRESS 296 Marjorie Blvd.
CITY-ST-ZIP Longwood, FL 32750

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Madelaine Felices, President - 4/13/01 - 407-328-2175

Date

Daytime Phone #

CR2E034 (11/00)