

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **S20668**



1. Entity Name
PENINSULA WOODWORKS, INC.

Principal Place of Business
2293 CHERYL RD
LARGO FL 33771
US

Mailing Address
2293 CHERYL RD
LARGO FL 33771
US

2. Principal Place of Business
2233 Cheryl Rd

3. Mailing Address
2233 Cheryl Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LARGO FL

City & State
LARGO FL

Zip
33771

Zip
33771

Country
USA

Country
USA

6. Name and Address of Current Registered Agent

POTTERS, STEPHEN J
2293 CHERYL RD
LARGO FL 33771

4. FEI Number
59-3041481

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
Stephen J. Potters

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

2233 Cheryl Rd

City
LARGO

FL **33771**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Stephen J. Potters

(NOTE: Registered Agent signature required when reinstating)

4-11-03

DATE

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
Trust Fund Contribution
 \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POTTERS, STEPHEN J. 2293-CHERYL ROAD LARGO FL 33771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POTTERS, STEPHEN J. 2233, CHERYL RD LARGO FL 33771	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen J. Potters

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-03 727 586 6861

Daytime Phone #