FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90391 001 ***150.00
03-07-2003 90391 002 *****8.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V57373

1. Entity Name
PENINSULA FUNDING CORPORATION

Principal Place of Business	Mailing Address
1518 EASTBROOK DR SARASOTA, FL 34231	1518 EASTBROOK DR SARASOTA, FL 34231

2. Principal Place of Business	3. Mailing Address
2325 Tangerine Drive	PO Box 25212
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc.
City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34239 Country SARASOTA	Zip 34277-2212 Country SARASOTA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0348937 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LEVITT, SANDY
2201 RINGLING BLVD
SUITE 203
SARASOTA, FL 34237

7. Name and Address of New Registered Agent
Name DENT, JOHN C JR
Street Address (P.O. Box Number Is Not Acceptable) 330 S. Orange Avenue
City SARASOTA FL Zip Code 34230

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 [signature] 02/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00. After May 1, 2003 Fee will be $550.00. Make Checks Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KILLOREN, VALERIE R 1518 EASTBROOK DR SARASOTA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT KILLOREN, VALERIE R 2325 Tangerine Drive SARASOTA, FL 34239	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: Valerie R. Killoren 02-05-03 (941) 362-9827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #