FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90048 041 ***150.00

DOCUMENT # J76414

1. Entity Name

Penn-Florida Realty Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1515 N. Federal Hwy.	1515 N. Federal Hwy.
Suite, Apt. #, etc.: Suite 306	Suite, Apt. #, etc.: Suite 306
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33432 Country: USA	Zip: 33432 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2831284 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Russell T. Kamradt, Esq.

Street Address (P.O. Box Number is Not Acceptable): 777 South Flagler Drive

Suite 1900

City: West Palm Beach FL Zip Code: 33401

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
If Amended UBR is $61.25
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

TITLE	PTSD
NAME	John Lawrence
STREET ADDRESS	18994 S.E. Jupiter River Road
CITY-ST-ZIP	Jupiter, FL 33458
TITLE	DV
NAME	Robert A. Ayerle
STREET ADDRESS	110 Skippack Pike
CITY-ST-ZIP	Ft. Washington, PA 19034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: John Lawrence 4/29/02 (561) 750-1030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #