2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # K97741** 1. Entity Name

FILED Mar 09, 2000 8:00 am Secretary of State

PENULE	ION & ASSOCIATES INTER	HIUNO, INU.				03-09-2000 900	•			
Principal Place	e of Business	Mailing Address			7	03-09-2000 900	011 00	2 ***15	0.00	
204 W RUSKIN PŁACE SEASIDE FL 32459-4877 US		PO BOX 4877 SEASIDE FL 32459-4877 US	SEASIDE FL 32459-4877							
								AIR BUBU BUBU		
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN T	HIS SPA	.СЕ		
City & State	<u> </u>	City & State		<u>.</u>	4	FEI Number		I Ap	plied For	1
Only & diale		Oity a State	Only & diale			59-2962723	Not Applicabl			₫
Zip	Country	Zip	Coun	ntry	5.	Certificate of Status Desired 🖸	_ \$8	.75 Addi Required	itional d	<u> </u>
	6. Name and Address of Curre	nt Registered Agent		<u> </u>	7.	Name and Address of New Registe				1
				Name		.				
PENDLETON, CAROLYN				Street Address (P.O. Box Number is Not Acceptable)						
	W RUSKIN PLACE SIDE FL 32459-4877					<u></u>				1
OLA	SIDE I E OLTOS TOTT			City				Zip Code		1
				<u> </u>		.,	FL.			-
8. The above	named entity submits this statement	for the purpose of changing	its register	ed office or regist	ered ag	gent, or both, in the State of Florida.				
SIGNATURE .										
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable. (N	OTE: Registere	ed Agent signature requi	red when r	einstating) D	ATE			1
Tax filing r	oration is eligible to satisfy its Intangil equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St				10. Election Campaign Financing Trust Fund Contribution.	· 🗆		0 May Be I to Fees	
11.	OFFICERS AN	ID DIRECTORS	12.		Αſ	DDITIONS/CHANGES TO OFFICERS	AND D	RECTORS	3 IN 11	1
TITLE	PSD	☐ Delete	TITU					Change	Addition	66/6
NAME PENDLETON, CAROLYN C STREET ADDRESS 204 W RUSKIN PLACE			•	NAME Street address						34 (
CITY-ST-ZIP	SEASIDE FL 32459-4877		CITY	Y-ST-ZIP						CR2E034 (9/99)
TITLE	TD	☐ Delete	TITL	i i] Change	☐ Addition	ᄗ
NAME STREET ADDRESS	BOWMAN, VICTOR S 204 W RUSKIN PLACE			NAME STREET ADDRESS						
CITY-ST-ZIP	SEASIDE FL 32459-4877		CITY	(-ST-ZIP		- m-				
TITLE	D	Delete	TITL					Change	Addition	
NAME STREET ADDRESS	CHALK, JO ALICE 309 PRISCILLA DRIVE		NAM STRI	EET ADDRESS						
CITY-ST-ZIP	FT. WALTON BEACH FL 3245	8	CITY	Y-ST-ZIP						
TITLE		☐ Delete	TITL					Change	☐ Addition	
NAME STREET ADDRESS			NAM STRI	EET ADDRESS						
CITY-ST-ZIP			CITY	Y-ST-ZIP						
TITLE		☐ Delete	TITL					Change	☐ Addition	
NAME STREET ADDRESS			NAM STRI	ME EET ADDRESS						
CITY-ST-ZIP				Y-ST-ZIP		<u></u>				
TITLE		☐ Delete	TITL	i				Change	Addition	
NAME STREET ADDRESS			NAM STRI	ME EET ADDRESS						
CITY-ST-ZIP				Y-ST-ZIP						
indicated of the cor	on this report or supplemental repor	rt is true and accurate and that noowered to execute this repo	at my signa ort as requi	iture shall have th	e same	119.07(3)(I), Florida Statutes. I furthe legal effect as if made under oath; the ida Statutes; and that my name appear is 18/2000	natlam	an officer	or director	

SIGNATURE: