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

## FILED Feb 20, 2003 8:00 am Secretary of State

Daytime Phone #

2 02-11-2003 90084 017 \*\*\*158.75 DOCUMENT # P02000134127 1. Entity Name PENNINGTON MASONRY, INC. 55008879 Mailing Address Principal Place of Business 5917 N. STAR DRIVE 5917 N. STAR DRIVE PANAMA CITY FL 32404 PANAMA CITY FL 32404 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 3672 Applied For City & State City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PENNINGTON, J. HORTON Street Address (P.O. Box Number is Not Acceptable) 5917 N. STAR DRIVE PANAMA CITY FL 32404 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE Change CR2E034 (10/02 ☐ Delete TITLE NAME NAME PENNINGTON, J. HORTON STREET ADORESS STREET ADDRESS 5917 N. STAR DRIVE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32404 ☐ Addition Delete TITLE TITLE MARAF PENNINGTON, DAVID H -STREET ADDRESS STREET ADDRESS 5917 N. STAR DRIVE CITY-ST-ZIP CITY-ST-ZIF PANAMA CITY FL 32404 Addition Y Delete TITLE TITE F NAME PENNINGTON, GLORIA STREET ADDRESS STREET ADDRESS 5917 N. STAR DRIVE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32404 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY ST-7IP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE NAME NAME : STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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