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

## **DOCUMENT #**

P95000009746

1. Entity Name

THE PENNEY GROUP, INC.



## **FILED** Mar 06, 2003 8:00 am Secretary of State 03-06-2003 90088 013 \*\*\*150.00

Principal Place of Business 8771 SOUTHWEST 129TH TERRACE MIAMI FL 33176 US		Mailing Address 8771 SOUTHWEST 129TH TERRACE MIAMI FL 33176 US					
2. Principal Place of Business		3. Mailing Address					Ш
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & Sta	te	City & State			<b>4.</b> F	FEI Number 65-0557325 Applied Fo	
Zip 	Country	Zip	Cour	ntry	5. 0	Certificate of Status Desired   \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DELINEV.				Name .			
PENNEY, 8771 SOU	Juhn W JTHWEST 129TH TERRACE		Street Address		(P.O. Box Number is Not Acceptable)		
MIAMI FL	33176						
				City		FL Zip Code	
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its	register	ed office or register	ed age	ent, or both, in the State of Florida. I am familiar with, and acc	ept
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTI	E: Registere	d Agent signature required	l when rei	einstating) DATE	. {
After Make Check	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of					9. Election Campaign Financing \$5.00 May Industry Trust Fund Contribution.	
10.			11.	<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ENNEY, JOHN W 771 SW 129 TERRACE		- 6	i		☐ Change ☐ Ado	lition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete PENNEY, KATHRYN K 8771 SW 129 TR MIAMI FL 33176		NAM STRE	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add	ition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	T ADORESS ST-ZIP		☐ Change ☐ Addi	
12. I hereby c indicated of the corp changed,	ertify thei the information supplied with the on this (éport or supplemental report is to coration or the receiver or trustee empower on an attachment with an apdress, with	his filing does not qualify for rue and accurate and that m vered to execute this report a lift also ther like empowered.	the exer by signate as require	nption stated in Secure shall have the sa ed by Chapter 607,	otion 11 ame le Florida	19.07(3)(i), Florida Statutes. I further certify that the information agal effect as if made under oath; that I am an officer or directed a Statutes; and that my name appears in Block 10 or Block 11	n or I if

SIGNATURE: