

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90082 008 ***150.00

DOCUMENT # P99000082202

1. Entity Name
PENELOPE'S PORCH, INC.

Principal Place of Business
**1620 HIGHLAND VIEW CT.
 ORANGE PARK FL 32072-7788**

Mailing Address
**1630 HIGHLAND VIEW CT.
 ORANGE PARK FL 32073**

2. Principal Place of Business
1630 Highland View Ct.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Orange Park, FL 32073

City & State

4. FEI Number **59-3599900**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**TOLSON, JOHN F JR
 462 KINGSLEY AVE., STE 101
 ORANGE PARK FL 32073**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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 **D** ☐ Delete
 NAME **KENDZIERSKI, VIRGINIA M**
 STREET ADDRESS **1630 HIGHLAND CT**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **Kendzierski, Virginia M.**
 STREET ADDRESS **1630 Highland View Ct.**
 CITY-ST-ZIP **Orange Park, FL 32073**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/01
 Date

9042153232
 Daytime Phone #

CR2E034 (10/00)

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