

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # S48945**

1. Entity Name  
**NOPEC COPORATION**

**FILED**

02 NOV -1 AM 10: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1248 GEORGE JENKINS BLVD  
LAKELAND FL 33806  
US**

Mailing Address  
**P.O. DRAWER 2868  
LAKELAND FL 33806**

2. Principal Place of Business  
Suite, Apt. #, etc.

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

City & State

4. FEI Number **59-3060453**

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  
**FUNARO, JOE  
538 FAITH CIRCLE  
MAITLAND FL 32751**

7. Name and Address of New Registered Agent  
Name **M. WAYNE PENNEWELL**  
Street Address (P.O. Box Number is Not Acceptable)  
**5405 FLOOD COURT**  
City **BARTOW** FL Zip Code **33830**

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 **M. WAYNE PENNEWELL** *M. Wayne Pennewell* 9/13/2002  
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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>POWERS, RICHARD M.</b>	
STREET ADDRESS	<b>6003 IRBY LANE W</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33811</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FUNARO, JOE</b>	
STREET ADDRESS	<b>538 FAITH CIRCLE</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>YOUNG, JAMES</b>	
STREET ADDRESS	<b>219 WRANGLEWOOD DR.</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33414</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>M. WAYNE PENNEWELL</b>	
STREET ADDRESS	<b>5405 FLOOD COURT</b>	
CITY-ST-ZIP	<b>BARTOW, FL 33830</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JERRY NICHOLS</b>	
STREET ADDRESS	<b>2699 BILL BROWN COVE</b>	
CITY-ST-ZIP	<b>HIWASSEE, GA 30546</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBERT M. MOODY</b>	
STREET ADDRESS	<b>12500 ST RD 39</b>	
CITY-ST-ZIP	<b>DUETTE, FL 33834</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PAT CARLTON</b>	
STREET ADDRESS	<b>11055 ST RD 39</b>	
CITY-ST-ZIP	<b>DUETTE, FL 33834</b>	

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: *M. Wayne Pennewell* 9/13/02 863-648-9990  
Signature and typed or printed name of signing officer or director Date Daytime Phone #  
**M. WAYNE PENNEWELL, DIRECTOR/CUSTODIAN**

CR2E034 (4/02)