

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90242 039 ***158.75

DOCUMENT # **252613**

1. Entity Name

THE PENKO COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

404 S. PALAFOX STREET

3. Mailing Address

P.O. Box 12806

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

4. FEI Number

59-0941620

Applied For

Not Applicable

Zip

32501

Country

ESCAMBIA

Zip

32575

Country

ESCAMBIA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

LANNY R. HEWATT

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

6105 PATRICIA AVE.

City

MILTON

FL

Zip Code

32570

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

LANNY R. HEWATT

Lanny R Hewatt

04/24/02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

**P/C
WILLENZIK, OSCARS.
4580 TEHRAN AVE
PENSACOLA, FL 32504**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**JERRY M. WILLENZIK
890 ROYCE ST. Apt 30
PENSACOLA, FL 32503**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

OSCAR S. Willenzik

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oscar S Willenzik

DAY

Daytime Phone #

04/24/02 850-434-2231

CR2E034B (12/01)