2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 535992** Apr 24, 2000 8:00 am Secretary of State 1. Entity Name PENELCO, INC. 04-24-2000 90132 007 ***150.00 Principal Place of Business Mailing Address 3711 CORTEZ RD W 3711 CORTEZ RD WEST STE - 300 STE - 300 **BRADENTON FL 34210 BRADENTON FL 34210-3108** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-1759030 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NEAL, PAUL, JR. Street Address (P.O. Box Number is Not 37/1 COLTEZ 3711 CORTEZ RD STE - 300 **BRADENTON FL 34210** Zip Code **ヨ**リスノク 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 VSD ☐ Addition TITLE Change TITLE ☐ Delete NEAL, E.M. NAME NAME STREET ADDRESS 3711 CORTEZ RD / STE - 300 STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP PTD ☐ Change Addition Delete TITLE TITLE **NEAL, PAUL JR** NAME 3711 CORTEZ RD W / STE - 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP ☐ Defete Chánge ☐ Addition TITLE TITLE BYRNES, KAREN L. NAME NAME 3711 CORTEZ RD W / STE - 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON FL CITY-ST-ZIP [7] Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [7] Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.