


2000 UNIFORM BUSINESS REPORT (UBR)

001211 N


DOCUMENT # A98000001639			
1. Entity Name PENEWITT FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 2340 INDUSTRIAL DRIVE PANAMA CITY FL 32405		Mailing Address 2340 INDUSTRIAL DRIVE PANAMA CITY FL 32405-6038	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent PENEWITT, PAUL S 2340 INDUSTRIAL DRIVE PANAMA CITY FL 32405		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. Capital Contributions as Shown on record. \$762,300.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	PENEWITT, PAUL S 2340 INDUSTRIAL DRIVE PANAMA CITY FL 32405	STREET ADDRESS CITY - ST - ZIP	700003223257--4 -04/25/00--01077--013 ****526.25 ****526.25
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
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DO NOT WRITE IN THIS SPACE

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-7-00 888-769-6666

Date Daytime Phone #

CR2E003 (9/99)