

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004557

1. Entity Name

PENN LINE SERVICE, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90009 004 ***150.00

Principal Place of Business

Mailing Address

300 SCOTSDALE AVENUE
SCOTSDALE PA 15683-1299
US

PO BOX 462 NA
SCOTSDALE PA 15683-0462
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

25-1000923

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

CT CORPORATION SYSTEM
C/O CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MONGELL, PAUL
STREET ADDRESS 541 E CRAWFORD AVE
CITY-ST-ZIP CONNELLSVILLE PA 15425

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

TITLE VP ☐ Delete
NAME QUIGLEY, LAWRENCE W
STREET ADDRESS RT 5 BOX 214
CITY-ST-ZIP CAMERON WV 26033-9508

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

TITLE CEO ☐ Delete
NAME ROBERTS, LARRY
STREET ADDRESS 300 SCOTSDALE AVE
CITY-ST-ZIP SCOTSDALE PA

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

TITLE D ☐ Delete
NAME RESPET, THOMAS C
STREET ADDRESS RD 1, BOX 106
CITY-ST-ZIP SMITHTON PA

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

TITLE D ☐ Delete
NAME TEATS, ERNEST L
STREET ADDRESS OLD ROUTE 322
CITY-ST-ZIP MINERAL SPRINGS PA

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

TITLE VT ☐ Delete
NAME WISHART, JAMES
STREET ADDRESS 302 SPRUCE ST
CITY-ST-ZIP SCOTSDALE PA

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

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:

JAMES WISHART
JAMES WISHART, TREASURER

4/12/00

Date

724-887-9110

Daytime Phone #

CR2E034 (9/99)