2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **F9800005774** Mar 29, 2000 8:00 am **Secretary of State** STANLEY PENN & SONS, INC. 03-29-2000 90052 008 ***150.00 Principal Place of Business Mailing Address 170 CRANBURY NECK ROAD 97 SW 3RD AVE DANIA FL 33004 CRANBURY NJ 08512-2000 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 22-3606861 Not Applicable Country Zip 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 Name PENN, TOM Street Address (P.O. Box Number is Not Acceptable) 97 SW 3RD STREET DANIA FL 33004 Zip Code FL 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. DATE (NQTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME DESANDRE, HENRY STREET ADDRESS STREET ADDRESS 79 HOLLYNOLL DRIVE CITY-ST-ZIP CITY-ST-ZIP MERCERVILLE NJ 08619 ☐ Addition Change TITLE ☐ Delete TITLE NAME PENN. TOM NAME STREET ADDRESS 4742 SE ANCHOR AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 TITLE ☐ Change ☐ Addition TITLE ☐ Delete DESANDRE, JOSEPH JR NAME NAME STREET ADDRESS 222 CHAMBERLAIN AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIGHTSTOWN NJ 08520 ☐ Change Addition ☐ Delete TIT! F TITLE DESANDRE, JOSEPH NAME STREET ADDRESS STREET ADDRESS 93 CRANBURY NECK ROAD CITY-ST-ZIP CITY-ST-ZIP CRANBURY NJ 08512 ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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124/00 (609) 799-4441