

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L32401

1. Entity Name

PENRO CORPORATION

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90071 019 ***150.00

Principal Place of Business

2002 N TAMIANI TRAIL
NAPLES FL 34102
US

Mailing Address

2002 N TAMIANI TRAIL
NAPLES FL 34102-4805
US

2. Principal Place of Business

3. Mailing Address

28900 TRENTON CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BONITA SPRINGS FL

Zip

Country

Zip

Country

34134 LEE

4. FEI Number

65-0157553

Applied For

Not Applicable

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

PENDELTON, LAWRENCE J
28900 TRENTON CT
BONITA SPRINGS FL 34102

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

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	P	<input type="checkbox"/> Delete
NAME	PENDELTON, LAWRENCE J	
STREET ADDRESS	28900 TRENTON CT	
CITY-ST-ZIP	BONITA SPRINGS FL 33134	
TITLE	PST	<input type="checkbox"/> Delete
NAME	PENDELTON, ROSALIE	
STREET ADDRESS	28900 TRENTON CT	
CITY-ST-ZIP	BONITA SPRINGS FL 33134	
TITLE	V	<input type="checkbox"/> Delete
NAME	PENDELTON, ROBERT	
STREET ADDRESS	3049 MINK WAY	
CITY-ST-ZIP	LITHONIA GA 30058	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	BONITA SPRINGS, FL, 34134
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	BONITA SPRINGS, FL, 34134
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: LAWRENCE J. PENDELTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/2001 94-262 8074

Date

Daytime Phone #

CR2E034 (9/99)