

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State
 02-07-2001 90186 028 ***150.00

DOCUMENT # L32401

1. Entity Name
PENRO CORPORATION

Principal Place of Business

**2002 N TAMIANI TRAIL
 NAPLES FL 34102
 US**

Mailing Address

**28900 TRENTON CT
 BONITA SPRINGS FL 34134
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 **LAWRENCE J PENDLETON**

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 *Lawrence J Pendleton*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/2001

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, 2001 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 34134	
TITLE	PST	<input type="checkbox"/> Delete
NAME	PENDELTON, ROSALIE	
STREET ADDRESS	28900 TRENTON CT	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
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
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Pendleton*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE J PENDLETON

Date

2/5/2001

Daytime Phone #

941-262-8074

CR2E034 (10/00)