

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0037511

DOCUMENT # L99000007700

1. Entity Name

JOHN PENCE & ASSOCIATES, L.C.

03-29-2002 90817 026 ****50.00

Principal Place of Business

**2021 20TH AVENUE PARKWAY
 INDIAN ROCKS BEACH FL 33785**

Mailing Address

**2021 20TH AVENUE PARKWAY
 INDIAN ROCKS BEACH FL 33785**

2. Principal Place of Business

10733 Spring St

3. Mailing Address

10733 SPRING St

Suite, Apt., #, etc.

Suite, Apt., #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LARGO, FLA

City & State

LARGO, FLA

4. FEI Number

59-3610288

Applied For

Not Applicable

Zip

33774

Country

USA

Zip

33774

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PATEL & O'CONNOR, P.A.
 2240 BELLEAIR ROAD SUITE 160
 CLEARWATER FL 33764**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **PENCE, JOHN**
 STREET ADDRESS **2021 20TH AVENUE PARKWAY**
 CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

TITLE ☐ Delete
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 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

3/14/02

813-240-8388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)