

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M05052

1. Entity Name

PENN PROPERTIES GROUP, INC.

FILED  
Apr 23, 2002 8:00 am  
Secretary of State

04-23-2002 90341 016 \*\*\*158.75

Principal Place of Business

3723 EASTOVER HILLS COURT  
CHARLOTTE NC 28211  
US

Mailing Address

3723 EASTOVER HILLS COURT  
CHARLOTTE NC 28211  
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

59-2559990

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAUSER, JAMES A.  
3191 CORAL WAY  
SUITE 405  
MIAMI FL 33145

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

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, 2002 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

TITLE DPT ☐ Delete  
NAME PENZELL, JAMES P.  
STREET ADDRESS 3723 EASTOVER HILLS COURT  
CITY-ST-ZIP CHARLOTTE NC 28211

TITLE S ☐ Delete  
NAME HAUSER, JAMES A.  
STREET ADDRESS 3191 CORAL WAY SUITE 405  
CITY-ST-ZIP MIAMI FL 33145

TITLE VPAS ☐ Delete  
NAME EPPERSON PENZELL, SHELLA  
STREET ADDRESS 3723 EASTOVER HILLS COURT  
CITY-ST-ZIP CHARLOTTE NC 28211

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Shelia Epperon Penzell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/11/02

Daytime Phone #

704.362.3801

CR2E034 (9/01)