2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002433

1. Entity Name



FILED Feb 27, 2003 8:00 am § Secretary of State

02 27 2003 00144 008 ****61 25



WATERF TION, IN	ord lakes parcel 9 prop C.	CIA CONTRACTOR		V.	<u>27-2003 3014</u> 4	0.00	1.23		
Principal Place of Business 459 MARK TWAIN BLVD. ORLANDO FL 32828		Mailing Address **PENN FIRST MANAGEMENT. 453 MARK TWAIN DLYD. ORLANDO FL 32828	INC.		1 14811191 B18 1811	I 1814 BEHI BEHI BEN BEN BEN B	II PDI(B ()B((B)BB	181 00 161) 1 00 1	
2. Principal	Place of Business	3. Mailing Address		<u></u>					
– PENN	FIRST	PENN FIRST		ı				ili er iili i er i	
	AGEMENT INC	MANAGEMENT	INC	-		HECK HERE IF MAK	ING CHANGES	3	
- 1813 N	N.DEAN RD SUITE 103	1813 N.DEAN RI		103	El Number 59	0455074	Ι ΙΔ	applied For	٦
_ ORLA	NDO FL 328//7	ORLANDO FL 32	2877	1	59	343307		ot Applicable	1
			<u>*</u>		Certificate of Sta	tus Desired	\$8.75 Ac		1
	6. Name and Address of Current	Registered Agent		_ 7	Name and Addr	ess of New Register	Fee Requir	ed	1
· C/O-PEN 453 MA F	R; LAWRENCE M IN FIRST MANAGEMENT RK TWAIN BLVD IO FL 32828		N.DEA1	FIRST AGEMENT INC J.DEAN RD SUITE 103 NDO FL 32877 FL Zip Code					
SIGNATURE	Signature. typed or printed name of registered agent a	nd title if applicable. (NOTE: Re 9. Election Campa Trust Fund Conf	egistered Agent signat	ure required when the state of	einstating) 00 May Be ed to Fees	DAT	21 03 		
10.	OFFICERS AND DIR	ECTORS	11.		TIONS/CHANGES	TO OFFICERS AND	DIDECTORS IN	110	ĺ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEELER, LAWRENCE M 453 MARK TWAIN BLVD. ORLANDO FL 32828	☐ Delete	TITLE PL NAME STREET ADDRESS CITY-ST-ZIP) 1813	N DEAN	RD #103 32817	hange	Addition (100/07/ 100
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D GILMORE, KAREN 453 MARK TWAIN BLVD. ORLANDO FL 32828	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1813	N DEAN	RD #10.	hange	☐ Addition	נ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOURES, JAMES 453 MARK TWAIN BLVD. ORLANDO FL 32828	□ Delete □	NAME STREET ADDRESS CITY-ST-ZIP		V DEAN NDO,FL	RD#103 32817	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY~ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE Name Street adoress City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	6		☐ Change	Addition	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE!

2/21/03

407-282-9988×102