

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000021804

1. Entity Name

BULL-PEN FLORIDA, INC.

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90019 010 ***150.00

Principal Place of Business

5101 W. HWY 98
PANAMA CITY FL 32401

Mailing Address

5101 W. HWY 98
PANAMA CITY FL 32401

769542

2. Principal Place of Business

SAME
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 647
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Panama City, FL

4. FEI Number

59-3629776

Applied For

Not Applicable

Zip

Country

Bay

Zip

32401

Country

Bay

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

PENCE, JAMES D
5101 W. HWY 98
PANAMA CITY FL 32401

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, 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 *Vice-President* ☐ Delete
NAME MCLAWHORN, SAM
STREET ADDRESS 5101 W. HWY 98
CITY-ST-ZIP PANAMA CITY FL 32401

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 2001

Date

850.624.8326

Daytime Phone #

CR2E034 (10/00)