

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90073 001 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000071004

1. Entity Name
PENTA RESEARCH CORPORATION



Principal Place of Business
**1348 VANCOUVER AVE SE
PALM BAY, FL 32905**

Mailing Address
**PO BOX 101202
PALM BAY, FL 32910**

10091501

2. Principal Place of Business
1348 VANCOUVER AVE SE
Suite, Apt. #, etc.

3. Mailing Address
1348 VANCOUVER AVE SE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
PALM BAY FL

City & State
PALM BAY FL

4. FEI Number
65-1024578

Applied For
Not Applicable

Zip
32909 Country

Zip
32909 Country

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

**KORFHAGE, STEPHEN
1348 VANCOUVER AVE SE
PALM BAY, FL 32905**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinsuring)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KORFHAGE, STEPHEN R**
STREET ADDRESS **1348 VANCOUVER AVE SE**
CITY-ST-ZIP **PALM BAY, FL 32905**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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CITY-ST-ZIP

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 607, 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:

SR Korfhage (STEPHEN R. KORFHAGE)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT

4/28/2003
Date

(321) 951-8160
Daytime Phone #

CR2E034 (10/02)