

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000016862

1. Entity Name

THE LAW OFFICES OF JOHN S. PENTON, JR., P.A.

Principal Place of Business

7171 NORTH 9TH AVE - A6
PENSACOLA FL 32504

Mailing Address

7171 NORTH 9TH AVE - A6
PENSACOLA FL 32504

2. Principal Place of Business

8881 S.W. 142ND AVE.

3. Mailing Address

8881 S.W. 142ND AVE

Suite, Apt. #, etc.

#7-16

Suite, Apt. #, etc.

#716

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33186

U.S.A.

Zip

33186

U.S.A.

4. FEI Number

59-3698448

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PENTON, JOHN S JR ESQ
7171 NORTH 9TH AVE - A6
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

Name

8881 S.W. 142ND AVE #7-16

City MIAMI

FL

Zip Code 33186

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)

MANAGING PARTNER

4/23/02

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 NAME STREET ADDRESS CITY-ST-ZIP	MANAGING PARTNER JOHN S. PENTON, JR. 8881 SW 142ND AVE #716 MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/23/02 (305) 382-2371

FILED
Jun 24, 2002 8:00 am
Secretary of State

05-16-2002 90035 016 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)