

FILED
Sep 26, 2002 8:00 am
Secretary of State

09-12-2002 90067 033 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000106804

1. Entity Name

PENGUIN INSTALLATIONS, INC.

Principal Place of Business

8026 STEEPLECHASE BLVD
 ORLANDO FL 32818

Mailing Address

8026 STEEPLECHASE BLVD
 ORLANDO FL 32818

2. Principal Place of Business

8026 STEEPLECHASE BLVD

3. Mailing Address

8026 STEEPLECHASE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORL, FL

City & State

ORL, FL

4. FEI Number

52-2350622

Applied For

Not Applicable

Zip

32818

Country

ORANGE

Zip

32818

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

43079

6. Name and Address of Current Registered Agent

CASS, CHESTER R
8026 STEEPLECHASE BLVD
ORLANDO FL 32818

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. 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 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **OWNER** ☐ Delete
 NAME **CHESTER R CASS**
 STREET ADDRESS **8026 STEEPLECHASE BLVD**
 CITY-ST-ZIP **ORL, FL. 32818**

TITLE **VP** ☐ Delete
 NAME **LINDA J. CASS**
 STREET ADDRESS **8026 STEEPLECHASE BLVD**
 CITY-ST-ZIP **ORL, FL. 32818**

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

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
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)