

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90503 028 \*\*\*158.75

019609 AV

**DOCUMENT # P02000069379**

**1. Entity Name**  
**PINNINGTON REALTY INC.**



**Principal Place of Business**  
13957 OSPREY LINKS RD., #101  
ORLANDO FL 32837

**Mailing Address**  
13957 OSPREY LINKS RD., #101  
ORLANDO FL 32837



**2. Principal Place of Business**

13815 OSPREY NEST LN #63  
Suite, Apt. #, etc.  
63

**3. Mailing Address**

13815 OSPREY NEST LN  
Suite, Apt. #, etc.  
#63

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
ORLANDO FL.

**City & State**  
ORLANDO FL

**4. FEI Number**  
01-0731314

**Applied For**  
☐ Not Applicable

**Zip**  
32837

**Country**  
USA

**Zip**  
32837

**Country**  
USA

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

FONTENAULT, RHONDA  
13957 OSPREY LINKS RD., #101  
ORLANDO FL 32837

**7. Name and Address of New Registered Agent**

**Name**  
CHARLES RICK PENNINGTON  
**Street Address (P.O. Box Number is Not Acceptable)**  
13815 OSPREY NEST LN #63  
**City**  
ORLANDO **FL** **Zip Code**  
32837

**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** *Charles R Pennington* **CHARLES R PENNINGTON** **4-16-03**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
PVS  
**NAME**  
FONTENAULT, RHONDA  
**STREET ADDRESS**  
13957 OSPREY LINKS RD., #101  
**CITY-ST-ZIP**  
ORLANDO FL 32837 ☒ Delete

**TITLE**  
  
**NAME**  
  
**STREET ADDRESS**  
  
**CITY-ST-ZIP**  
  
☐ Delete

**TITLE**  
  
**NAME**  
  
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**NAME**  
  
**STREET ADDRESS**  
  
**CITY-ST-ZIP**  
  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
P.V.S.  
**NAME**  
FONTENAULT, RHONDA  
**STREET ADDRESS**  
13815 OSPREY NEST LN #63  
**CITY-ST-ZIP**  
ORLANDO FL, 32837 ☒ Change ☐ Addition

**TITLE**  
V.S.  
**NAME**  
PENNINGTON RICK CHARLES  
**STREET ADDRESS**  
13815 OSPREY NEST LN #63  
**CITY-ST-ZIP**  
ORLANDO FL 32837 ☐ Change ☒ Addition

**TITLE**  
P.  
**NAME**  
FONTENAULT RHONDA  
**STREET ADDRESS**  
13815 OSPREY NEST LN #63  
**CITY-ST-ZIP**  
ORLANDO FL 32837 ☐ Change ☒ Addition

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

**TITLE**  
  
**NAME**  
  
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☐ Change ☐ Addition

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**NAME**  
  
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**CITY-ST-ZIP**  
  
☐ 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 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:** *Rhonda Fontenault*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4-16-03 407-467-2093**

**Date** **Daytime Phone #**

CR2E034 (10/02)