

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-30-2003 90126 025 ***150.00

DOCUMENT # P02000134289

1. Entity Name
PENCILS & MORE, INC.



Principal Place of Business
**99-90 SOUTH WEST 224 ST., SUITE 207
HOMESTEAD FL 33092**

Mailing Address
**99-90 SOUTH WEST 224 ST., SUITE 207
HOMESTEAD FL 33092**

2. Principal Place of Business

3. Mailing Address

PO BOX 924834

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMESTEAD FL 33092

4. FEL Number

65-1165675

Applied For

Not Applicable

Zip

Country

Zip

Country

33190

USA

33092

USA

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

**CAPO, NELSON R
99-90 SOUTH WEST 224 ST., SUITE 207
HOMESTEAD FL 33092**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation

SIGNATURE

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
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CAPO, NELSON R
99-90 SOUTH WEST 224 ST., SUITE 207
HOMESTEAD FL 33092**

☐ Delete

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

TITLE
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CITY-ST-ZIP
**STD
ACOSTA, MOSES J
99-90 SOUTH WEST 224 ST., SUITE 207
HOMESTEAD FL 33092**

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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: **Signature Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 21, 2003

Date

Daytime Phone #

CR2E034 (10/02)