

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90056 028 ***150.00

0619875 AT

DOCUMENT # P11852

1. Entity Name
PENN-SOTA, INC.

Principal Place of Business
123 FAIRFIELD AVE
JOHNSTOWN PA 15906-2333

Mailing Address
123 FAIRFIELD AVE
JOHNSTOWN PA 15906-2333

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0997060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACY, WILLIAM

2129 RINGLING BLVD

SARASOTA FL 34237

Name

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

2705 MALL DRIVE

City

FL

34231

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)

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 \$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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD MACY, WILLIAM**
 STREET ADDRESS **2129 RINGLING BLVD**
 CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Delete
 NAME **VD SHILEY, STANLEY**
 STREET ADDRESS **123 FAIRFIELD AVE**
 CITY-ST-ZIP **JOHNSTOWN PA**

TITLE ☐ Delete
 NAME **VD DRAGOVICH, ANN**
 STREET ADDRESS **421 FAIRFIELD AVE.**
 CITY-ST-ZIP **JOHNSTOWN PA**

TITLE ☒ Delete
 NAME **STD SCHONEK, W.E.**
 STREET ADDRESS **843 FRANCO AVENUE**
 CITY-ST-ZIP **JOHNSTOWN PA**

TITLE ☒ Delete
 NAME **DAST GREEN, RICHARD J JR**
 STREET ADDRESS **305 FRANKLIN ST**
 CITY-ST-ZIP **JOHNSTOWN PA**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☒ Addition
 NAME **DAST LINDA J SZEWCZYK**
 STREET ADDRESS **305 FRANKLIN ST**
 CITY-ST-ZIP **JOHNSTOWN PA 15901**

TITLE ☐ Change ☒ Addition
 NAME **D V MICHELLE RAE GRAHAM**
 STREET ADDRESS **305 FRANKLIN ST.**
 CITY-ST-ZIP **JOHNSTOWN PA 15901**

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:

Stanley Shiley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-02 (814) 536-3219
 Date Daytime Phone #

CR2E034 (9/01)