## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000031052 1. Entity Name PENCO, CONSTRUCTION CO. OF ORI ANDOLING Secretary of State

PENCO CO	ONSTRUCTION CO. O	F ORLANDO, INC.	Secretary of State 02-17-2000 90074 025 ***150.00			
Principal Place of	of Business	Mailing Address	-			
1730 BUMBY AVE		2030 ROYAL LANE DALLAS TE 75229-3219				
ORLANDO FL 328 US	06	us TX		) (480/48) (16 (916) 110) 481H 881H 881H 881H 881H 1887 (189) 881H 881H 81H 1881		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>	DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 59-3182098 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required		
	6. Name and Address of Cu	irrent Registered Agent		7. Name and Address of New Registered Agent		
1730 B <del>- Suite</del>				Name  Street Address (P.O. Box Number is Not Acceptable)		
ORLAN	IDO FL 32806		City	FL Zip Code		
SIGNATURE	amed entity submits this staten		s registered office or regis	stered agent, or both, in the State of Florida.  Under the description of the State of Florida.  DATE		
Tax filling requirement and elects to do so. After MAY 1, 2000			/!!! FEE IS \$150.00 000 Fee will be \$550.0 able to Department of \$	be will be \$550.00 Trust Fund Contribution.		
11.		AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME F	PD RENNEKER, CHARLES N 2030 ROYAL LANE	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition		

11.	OFFICERS AND DIRECTORS		12	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	PD RENNEKER, CHARLES N	☐ Delete	TITLE NAME	☐ Chan	ge 🗌 Addition
STREET ADDRESS	2030 ROYAL LANE		STREET ADDRESS		
CITY-ST-ZIP	DALLAS TE TX	II.	CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE	☐ Chan	ge 🔲 Addition
NAME	renneker, judith l		NAME		
STREET ADDRESS	2030 ROYAL LANE		STREET ADDRESS		
CITY-ST-ZIP	DALLAS TE TX		CITY-ST-ZIP		
TITLE		· - Delete	TITLE	. Chan	ge 🔲 Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Char	ge 🔲 Addition
NAME	i		NAME		
STREET ADDRESS			STREET ADDRESS		1
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Chan	ge 🔲 Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		l
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Chan	ge 🗌 Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	·		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 WES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

arles N. Renneker 2-10-00

407/898-9896

Daytime Phone

CD2E034 (8/88)