

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90132 034 \*\*\*150.00

**DOCUMENT # P93000054525**

1. Entity Name

**PENN FIRST MANAGEMENT, INC.**

Principal Place of Business

% 453 MARK TWAIN BLVD.  
 ORLANDO FL 32828

Mailing Address

% 453 MARK TWAIN BLVD.  
 ORLANDO FL 32828

2. Principal Place of Business

1813 N. Dean Rd

3. Mailing Address

1813 N. Dean Rd

Suite, Apt. #, etc.

Suite 103

Suite, Apt. #, etc.

Suite 103

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32817

Country

USA

Zip

32817

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3195671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SHEELER, LAWRENCE M**  
**453 MARK TWAIN BLVD**  
**ORLANDO FL 32828**

7. Name and Address of New Registered Agent

Name Sheeler Lawrence M.  
 Street Address (P.O. Box Number is Not Acceptable) 1813 N. Dean Rd, Suite 103  
 City Orlando FL Zip Code 32817

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

2/6/02

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**

11. OFFICERS AND DIRECTORS

TITLE NAME	PD SHEELER, LAWRENCE M	<input type="checkbox"/> Delete
STREET ADDRESS	523 SPRING ISLAND WAY	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE NAME	STD SHEELER, CLARIE E	<input type="checkbox"/> Delete
STREET ADDRESS	523 SPRING ISLAND WAY	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

2/6/02 407-282-9988 x102

Date Daytime Phone #

CR2E034 (9/01)