

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000013100

1. Entity Name

THE PENNINGTON CORPORATION OF ST. AUGUSTINE, INC

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90032 016 ***150.00

Principal Place of Business

325 STATE RD 16
ST. AUGUSTINE FL 32084
US

Mailing Address

325 STATE RD 16
ST. AUGUSTINE FL 32084
US

701532



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3316037

Applied For

Not Applicable

Zip 32084

Country

Zip 32084

Country

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

PENNINGTON, MICHAEL E
34 GRANADA STREET
ST. AUGUSTINE FL 32084

Name

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

575 VAILL POINT ROAD

City ST AUGUSTINE

FL

Zip Code 32086

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME PENNINGTON, MICHAEL E
STREET ADDRESS 34 GRANADA STREET
CITY-ST-ZIP ST. AUGUSTINE FL 32084 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 575 VAILL POINT ROAD
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE D
NAME PENNINGTON, JUNE E
STREET ADDRESS 34 GRANADA STREET
CITY-ST-ZIP ST. AUGUSTINE FL 32084 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 575 VAILL POINT ROAD
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

J. E. Pennington JUNE E. PENNINGTON

Date

Daytime Phone #

JAN 9th 2001 (904) 824-9394

CR2E034 (10/00)