

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90106 003 ***150.00

DOCUMENT # P95000024786

1. Entity Name

PENDERCK ENTERPRISES, INC.

Principal Place of Business

**80 EAST HIGHWAY 30A
GRAYTON BEACH FL 32459**

Mailing Address

**80 EAST HIGHWAY 30A
GRAYTON BEACH FL 32459**

2. Principal Place of Business

29 UPTOWN GRAYTON CIR
Suite, Apt. #, etc.

3. Mailing Address

29 UPTOWN GRAYTON CIR
Suite, Apt. #, etc.

City & State

GRAYTON BEACH, FL

City & State

GRAYTON BEACH, FL

Zip

32459

Country

Zip

32459

Country

4. FEI Number

59-3304286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DERCK, MARY P
80 EAST HIGHWAY 30A
GRAYTON BEACH FL 32459**

7. Name and Address of New Registered Agent

Name

DERCK, MARY P

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

29 UPTOWN GRAYTON CIRCLE

City

GRAYTON BEACH

FL

Zip Code

32459

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]

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DERCK, MARY P	
STREET ADDRESS	80 EAST HIGHWAY 30A	
CITY-ST-ZIP	GRAYTON BEACH FL 32459	
TITLE	D	<input type="checkbox"/> Delete
NAME	DERCK, ANTHONY D	
STREET ADDRESS	80 EAST HIGHWAY 30A	
CITY-ST-ZIP	GRAYTON BEACH FL 32459	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)