

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90168 046 ***150.00

DOCUMENT # P95000024786

1. Entity Name

PENDERCK ENTERPRISES, INC.

Principal Place of Business

**29 UPTOWN GRAYTON CIRCLE
 GRAYTON BEACH FL 32459**

Mailing Address

**29 UPTOWN GRAYTON CIRCLE
 GRAYTON BEACH FL 32459**

2. Principal Place of Business

**50 UPTOWN GRAYTON CIR
 Suite, Apt. #, etc.**

3. Mailing Address

**50 UPTOWN GRAYTON CIR
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State
GRAYTON BEACH, FL.

City & State
GRAYTON BEACH, FL

4. FEI Number
59-3304286

Applied For
☐ Not Applicable

Zip
32459

Country
USA

Zip
32459

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DERCK, MARY P
 29 UPTOWN GRAYTON CIRCLE
 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)
50 UPTOWN GRAYTON CIRCLE
 City **GRAYTON BEACH, FL** **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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/1/02
 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**

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		
CITY-ST-ZIP		
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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERCK, MARY P	
STREET ADDRESS	50 UPTOWN GRAYTON CIRCLE	
CITY-ST-ZIP	GRAYTON BEACH, FL 32459	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERCK, ANTHONY D	
STREET ADDRESS	50 UPTOWN GRAYTON CIRCLE	
CITY-ST-ZIP	GRAYTON BEACH, FL 32459	
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02
 Date

Daytime Phone #

CR2E034 (9/01)