

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004277

1. Entity Name

PENCO MEDICAL PRODUCTS, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90063 003 ***150.00

Principal Place of Business

Mailing Address

5824 BEE RIDGE RD.
SUITE 184
SARASOTA FL 34233

5824 BEE RIDGE RD.
SUITE 184
SARASOTA FL 34233-5065

2. Principal Place of Business

2496 Scarlet Oak Court

Suite, Apt. #, etc.

3. Mailing Address

2496 Scarlet Oak Court

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number

65-0638166

Applied For

Not Applicable

Zip

Country

34232 USA

Zip

Country

34232 USA

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

CUNNINGHAM, PENNY L.
5824 BEE RIDGE RD.
SUITE 184
SARASOTA FL 34233

Name

Penny L. Johnston

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

2496 Scarlet Oak Court

City

Sarasota

FL

Zip Code

34232

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

Penny L. Johnston

Penny L. Johnston

1-10-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's 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, 2000 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 ☐ Delete
NAME P.
CUNNINGHAM, PENNY
STREET ADDRESS 5824 BEE RIDGE RD., STE. 184
CITY-ST-ZIP SARASOTA FL

TITLE ☒ Change ☐ Addition
NAME President
NAME Penny L. Johnston
STREET ADDRESS 2496 Scarlet Oak Ct
CITY-ST-ZIP Sarasota FL 34232

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Penny L. Johnston

Penny L. Johnston

1-10-00

Date

(941) 379-9396

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)