

2002 UNIFORM BUSINESS REPORT (UBR)

07-22-2002 90163.022 ***150.00
P96000038512

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000038512

1. Entity Name

THE MONARCH GROUP, INC.

Principal Place of Business

Mailing Address

3701 W GRIFLOW STREET
TAMPA FL 33629

3701 W GRIFLOW STREET
TAMPA FL 33629

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3375310

Applied For

Not Applicable

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

BURDEN, BRIAN A
215 W VERNE ST STE D
TAMPA FL 33606

Name

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

City

FL

Zip Code

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROBINSON, PENELOPE K 3701 W GRIFLOW STREET TAMPA FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

CR2E034 (9/01)

Attachment
The Monarch Group, Inc.
3701 West Griflow Street
Tampa, Florida 33629
813 835 9405

Doc # P960000385-12

July 17, 2002

Division of Corporation
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, Fl. 32302-1500

To whom it may concern,

I am enclosing my check for \$150.00, the explanation for the delay is that I have just lost both of my parents. My father died on March 10, 2002, he had been very ill for several months while under my care in my home. At the same time I was totally responsible of the care of my mother who was in a nursing home with Alzheimer's and Parkinson's Disease, Mom also passed away on May 28, 2002. This has been a very stressful and distracting time for me not to mention the sadness I have experienced. I am the only employee of my corporation, during this time numerous things were put on my desk that needless to say where not given my full attention, things got mislaid, I am now slowly beginning to get caught up. My recent experience with all of the state, local and federal agencies has been so very positive it is my hope that the Division Of Corporations will as understanding of the extraordinary, unusual circumstances that I find myself in and not deem it necessary to add a further burden by penalizing me at this time of great sadness and stress.

Sincerely,

Penelope K. Robinson
Penelope K. Robinson