

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED

Mar 13, 2001 8:00 am  
Secretary of State

02-20-2001 90009 037 \*\*\*150.00

DOCUMENT # P96000063378

1. Entity Name  
PENICK ENTERPRISES, INC.

Principal Place of Business  
4036 S MARK DR  
SARASOTA FL 34232

Mailing Address  
4036 S MARK DR  
SARASOTA FL 34232

J U D I C I A L



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 65-0684547

Applied For  
Not Applicable

Zip

Country

Zip

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

THEIS, JOHN R.  
2851 MAPLEOFT LANE  
SARASOTA FL 34232

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

4036 S. MARK DR  
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 John R Theis, aect  
Signature, typed or printed name of registered agent and title if applicable.

JOHN R THEIS to NICHOLAS SOBERING - 2/16/01  
(NOTE: Registered Agent signature required when reissuing) 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
SOBERING, PENELOPE R  
4036 S MARK DR  
SARASOTA FL 34232 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PENELOPE SOBERING ☒ Change ☐ Addition  
3638 AMESBURY LANE  
SARASOTA FL 34232

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVT  
SOBERING, NICHOLAS G  
4036 S MARK DR  
SARASOTA FL 34232 ☐ Delete

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

TITLE  
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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: Penelope Sobering  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03 Feb 2001 (941) 724-5338  
Date Daytime Phone #

CR2E034 (10/00)

3/5/01