

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90054 044 ***150.00

0666049 AB

DOCUMENT # P96000081638

1. Entity Name
PENMAC DEVELOPMENT CORPORATION



Principal Place of Business
3500 LAKESHORE DRIVE
BONITA SPRINGS FL 34134

Mailing Address
111 CALLAWAY COURT
#202
BOWLING GREEN KY 42103

2. Principal Place of Business

2646 TRILLIUM WAY

3. Mailing Address

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

Zip

34104

Country

USA

Country

4. FEI Number **65-0702314**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

SCHUMANN, RAYMOND L ATTY
13141 MCGREGOR BOULEVARD., #9
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name **CHERYL R. KRAUS**

Street Address (P.O. Box Number is Not Acceptable) **KRAUS & BALLINGER**

1072 GOODLETTE ROAD NORTH

City **NAPLES**

FL

Zip Code **34102**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **CHERYL R. KRAUS, ESQUIRE**

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

(NOTE: Registered Agent signature required when reinstating)

4/25/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MCINTOSH, BARRY**
STREET ADDRESS **111 CALLAWAY COURT., #202**
CITY-ST-ZIP **BOWLING GREEN KY 42103**

TITLE **D** ☒ Delete
NAME **PENDLETON, R E**
STREET ADDRESS **111 CALLAWAY COURT., #202**
CITY-ST-ZIP **BOWLING GREEN KY 42103**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X B. McIntosh** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-25-03

Date

Daytime Phone #

CR2E034 (10/02)