

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000084413

1. Entity Name

PEN AUCTION CO. INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90096 029 \*\*\*150.00

Principal Place of Business

Mailing Address

1260 OAKSHORE DR.  
 ST. CLOUD FL, 34771

2. Principal Place of Business

3. Mailing Address 1260 OAKSHORE

1260 OAKSHORE DR.

DR, ST Cld FL, 34771

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**80038672**

DO NOT WRITE IN THIS SPACE

City & State

City & State

ST. CLOUD FL.

ST. CLOUD FL.

Zip

Country

Zip

Country

34771 USA

34771 USA

4. FEI Number

59-3411463

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

JENNIFER N. JONES  
 1260 OAKSHORE DR.  
 ST. CLOUD FL, 34771

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

*Philip H. Jones*

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

(NOTE: Registered Agent signature required when reinstating)

*10 MAR. 2000*

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
*Philip H. JONES*  
*1260 OAKSHORE DR.*  
*ST. CLOUD FL, 34771*

☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
*JENNIFER JONES*  
*1260 OAKSHORE DR.*  
*ST. CLOUD FL 34771*

☐ Delete

TITLE  
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☐ 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:

*Philip H. Jones*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10 MAR. 2000*

Date

*407-957-7822*

Daytime Phone #

CR2E034 (9/99)