## 2000 UNIFORM BUSINESS REPORT (UBR)

## Mar 14, 2000 8:00 am DOCUMENT # P96000100725 **Secretary of State** PENNINA'S SURETY MANAGEMENT, INC. 03-14-2000 90086 020 \*\*\*150.00 Mailing Address Principal Place of Business 5300 ROOSEVELT BOULEVARD 5300 ROOSEVELT BOULEVARD CLEARWATER FL 33760-3436 CLEARWATER FL 34620 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3418283 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SICKLER, PENNINA Street Address (P.O. Box Number is Not Acceptable) 5300 ROOSEVELT BOULEVARD **CLEARWATER FL 34620** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition PSTD ☐ Delete TITLÉ TITLE NAME SICKLER, PENNINA NAME STREET ADDRESS 5300 ROOSEVELT BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **CLEARWATER FL 34620** Change Addition TITLE ☐ Delete TITLE SICKLER, PENNINA NAME NAME STREET ADDRESS STREET ADDRESS 5300 ROOSEVELT BLVD CITY-ST-7IP CITY-ST-ZIP **CLEARWATER FL 34620** Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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