## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 18, 2002 8:00 am § Secretary of State DOCUMENT # P96000100725 1. Entity Name 04-18-2002 90408 022 \*\*\*150.00 PENNINA'S SURETY MANAGEMENT, INC. Principal Place of Business Mailing Address 5300 ROOSEVELT BOULEVARD 5300 ROOSEVELT BOULEVARD **CLEARWATER FL 34620** CLEARWATER FL 34620 2. Principal Place of Business Mailing Address 5360<u>- 13</u> 360-13 AVE NO DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3418283 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SICKLER, PENNINA Street Address (P.O. Box Number is Not Acceptable) 5300 ROOSEVELT BOULEVARD **CLEARWATER FL 34620** City Zip Code FI 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 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE PSTD ☐ Addition TITLE ☐ Change SICKLER, PENNINA NAME NAME STREET ADDRESS 5300 ROOSEVELT BOULEVARD STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 34620 CITY-ST-ZIP TITLE ☐ Delete TITLE **Addition** NAME SICKLER, PENNINA NAME STREET ADDRESS 5300 ROOSEVELT BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 34620 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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

with an address, with all other like empowered

SIGNATURE: