

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020762

1. Entity Name

TO THE PENNY, INC.

Principal Place of Business

903 LAKE SHORE DR. #101
LAKE PARK FL 33403
US

Mailing Address

903 LAKE SHORE DR. #101
LAKE PARK FL 33403
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0733795

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

COLE, TOM

140 INTRACOASTAL PTE DR. STE. 305
JUPITER FL 33477

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

PSTD
PEDERSEN, MARY E.
903 LAKE SHORE DR., STE. 101
LAKE PARK FL 33403

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Signed: Mary E. Pedersen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/01

DATE

SEN - 845-9207
DAYTIME PHONE #

DATE

DAYTIME PHONE #

CR2E034 (5/00)

TO THE PENNY, INC
903 LAKE SHORE DR. APT #101
LAKE PARK, FL 33403
Phone: 561-845-9207
Fax: 561-845-8667
E-mail: Angelmel@AOL.com

Attachments

P97000020762

76142

July 5, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Reactivation of S-Corporation

To Whom It May Concern:

Enclosed please find 2 checks in the amount of \$300.00 each.

I called and spoke with a female employee (I apologize for not having her name) of your company and explained my situation to her and she informed me to pay \$300.00 for each year (2000 & 2001) and then my S-Corporation would be reactivated.

As, I explained to her, I have been very ill. I was unable to handle my business and had to hire a temporary employee to handle the administrative duties. This employee never opened or informed me of the paperwork that had arrived regarding the taxes due. I now have a new temporary employee and she has found the paper work. I was shocked to hear that the fees to keep my corporation active were never paid. I immediately called your office.

Please reactivate my corporation as it is my livelihood. The registered agent has and will remain the same. If there are any additional fees due, please feel free to contact me at the above phone number.

Thanking you in advance for helping me reactivate my corporation.

Sincerely,



Mary Ellen Pedersen