

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90182 036 ***150.00

DOCUMENT # P97000041812

1. Entity Name
LINDA PENLEY, MA, INC.

Principal Place of Business
524 S HOPKINS AVE. SUITE 1
TITUSVILLE FL 32780

Mailing Address
524 S HOPKINS AVE. SUITE 1
TITUSVILLE FL 32780

2. Principal Place of Business

3. Mailing Address

4816 Archer Ct

4816 Archer

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Titusville FL

City & State
Titusville FL

Zip
32796

Country

Zip
32796

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3450052

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

NOVICK, JOHN
4816 ARCHER CT
TITUSVILLE FL 32796

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 \$150.00
After May 1, 2002 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
D ☐ Delete
NAME
NOVICK, JOHN
STREET ADDRESS
4816 ARCHER CT
CITY-ST-ZIP
TITUSVILLE FL 32796

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

TITLE ☐ Delete
NAME
D
PENLEY, LINDA
STREET ADDRESS
4816 ARCHER CT
CITY-ST-ZIP
TITUSVILLE FL 32796

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

John Novick
John Novick

4-16-02

Date

Daytime Phone #

CR2E034 (9/01)