

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2001 8:00 am
Secretary of State

08-17-2001 90003 043 ***150.00

01/02/01 AT

DOCUMENT # P97000052138

1. Entity Name
PENGEL, INC.



Principal Place of Business

Mailing Address

~~P.O. BOX 13921~~

~~P.O. BOX 13921~~

MEXICO BEACH FL 32410

MEXICO BEACH FL 32410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **63-1017240**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

THIGPEN, JAMES A
8173 WEST HIGHWAY 98
PORT ST. JOE BEACH FL 32456

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 12, 2001 Fee 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 **P** ☐ Delete
NAME **THIGPEN, JAMES A**
STREET ADDRESS **8173 W. HWY 98**
CITY-ST-ZIP **PORT ST. JOE BEACH FL 32456**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/01
 Date

59-647-3325
 Daytime Phone #

CR2E034 (5/01)

Attachment *P* *AD84758*
Doc # 197000052138

THIGPEN EQUIPMENT SALES

~~P.O. Box 13034 - Marco Beach, FL 32410 ~ 8173 West Hwy 98 Port St. Joe Beach, FL 32456 ~ (850) 647-3325~~

8/14/01

I did not receive the first notice
and thank you for allowing me to send
\$150.00

Regards

James A. Thigpen Pres.