2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **P97000070404** Apr 03, 2000 8:00 am Secretary of State AL-PEN ENTERPRISES, INC. 04-03-2000 90148 038 ***150.00 Principal Place of Business Mailing Address 842 N. LEISURE POINT 842 N. LEISURE POINT INVERNESS FL 34453 INVERNESS FL 34442-4517 2. Principal Place of Business 3. Mailing Address 1783 E COLFAX LN 1783 E COLFAX LN. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3463677 Not Applicable HERNANDO, FLORIDA? HERNANDO FLORIDA Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 34442 **CITRUS** 34442 CITRUS 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOWERBY, PENNY J Street Address (P.O. Box Number is Not Acceptable) 1041 N. FLORIDA AVEMIE **INVERNESS FL 34453** 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ST D ☐ Addition ☐ Delete TITLE Change TITLE SOWERBY, PENNY J NAME NAME PENNY J SOWERBY STREET ADDRESS 842 N. LEISURE POINT STREET ADDRESS 1783 E COLFAX LN. CITY-ST-ZIP CITY-ST-ZIP **INVERNESS FL 34453** HERNANDO, FL 34442 PD Change Addition TITI F ☐ Delete TITLE SOWERBY, ALAN A NAME NAME ALAN A SOWERBY STREET ADDRESS 842 N. LEISURE POINT STREET ADDRESS 1783 E COLFAX LN. HERNANDO, FL 34442 CITY-ST-ZIP CITY-ST-ZIP **INVERNESS FL 34453** ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition 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.

STREET ADDRESS CITY-ST-ZIP

JULIT Jaman

SIGNATURE: Ponny 1 Lworl

TITLE

NAME STREET ADDRESS

CITY-ST-ZIE

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3.29.00

352-726-5999

Change

☐ Addition

Daytime Phone #