

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042817

1. Entity Name

PEPANN, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90022 014 \*\*\*150.00

Principal Place of Business

Mailing Address

737 GRAN KAYMEN WAY  
APOLLO BEACH FL 33572

737 GRAN KAYMEN WAY  
APOLLO BEACH FL 33572-2439

2. Principal Place of Business

548 BRANDON TOWN CENTER  
Suite, Apt. #, etc.

3. Mailing Address

548 BRANDON TOWN CENTER  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
BRANDON, FL

City & State  
BRANDON, FL

4. FEI Number 59-3511217

Applied For  
Not Applicable

Zip 33511 Country USA

Zip 33511 Country USA

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

LEAVINE, GENE D  
737 GRAN KAYMEN WAY  
APOLLO BEACH FL 33572

Name WILBURN W. LEAVINE  
Street Address (P.O. Box Number is Not Acceptable)  
548 BRANDON TOWN CENTER  
City BRANDON FL Zip Code 33511

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 *Wilburn W. Leavine*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/12/00

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, 2000 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	<input type="checkbox"/> Delete
NAME	LEAVINE, BARBARA A	
STREET ADDRESS	505 BAYLAND	
CITY-ST-ZIP	HOUSTON TX 77009	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEAVINE, WILBURN W	
STREET ADDRESS	505 BAYLAND	
CITY-ST-ZIP	HOUSTON TX 77009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/00 813 920-6199

CR2E034 (9/99)