

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2003 8:00 am
Secretary of State

05-05-2003 91864 009 ***158.75

DOCUMENT # P98000070123					
1. Entity Name PENDRYVILLAS, INCORPORATED					
Principal Place of Business 70 COFFEE POT ROCK RD. SEDONA AZ 86351			Mailing Address 70 COFFEE POT ROCK RD. SEDONA AZ 86351		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3547768	
5. Certificate of Status Desired ☒				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SHIRLEY, JONATHAN W 171 CIRCLE DR. MAITLAND FL 32751				7. Name and Address of New Registered Agent Name: <u>Regina D. Howard</u> Street Address (P.O. Box Number is Not Acceptable): <u>2285 Norwegian Drive #59</u> City: <u>Clearwater</u> FL <u>33763</u>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Regina D. Howard</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>June 10, 2003</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, ROGER A 1122 CODDINGTON RD. ITHACA NY 14850	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Howard, Regina D. 6 Osprey Lane 2285 Norwegian Drive #59 Clearwater, FL 33763	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, REGINA D 24 ALBURY STONE CIR. NASHUA NH 03063	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, SUE B 70 COFFEE POT ROCK RD. SEDONA AR 86351	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Regina D. Howard</u> SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <u>June 24, 2003</u> 603 429-0968					

55048395

☐ CHECK HERE IF MAKING CHANGES

\$8.75 Additional Fee Required

C2E004 (10/02)