

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049508

1. Entity Name

PENNELL & ASSOCIATES, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90031 024 \*\*\*150.00

Principal Place of Business

Mailing Address

1919 WYOMING AVE.  
FT. PIERCE FL 34982

1919 WYOMING AVE.  
FT. PIERCE FL 34982-5636

2. Principal Place of Business

3. Mailing Address

221 S. Ocean Drive

221 S. Ocean Drive

Suite, Apt. #, etc.

A

City & State

Ft. Pierce, FL

Zip

34949

Country

St. Lucie

Suite, Apt. #, etc.

A

City & State

Ft. Pierce, FL

Zip

34949

Country

St. Lucie

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENNELL, DANIEL W  
1919 WYOMING AVE.  
FT. PIERCE FL 34982

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, 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 ☐ Delete  
NAME Chief Financial Officer  
STREET ADDRESS Claudina E. Pennell  
CITY-ST-ZIP 1919 Wyoming Ave.  
Ft. Pierce, FL 34982

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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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: Claudina E. Pennell *Claudina E. Pennell* 4/13/00 561-467-8826  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)