

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93660 042 \*\*\*550.00

DOCUMENT # **P99000069625**

1. Entity Name

**PENMAC CONSTRUCTION CO.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**13141 MCGREGOR BLVD. STG**

Suite, Apt. #, etc.

3. Mailing Address

**111 CALLAWAY CT, SUITE 202**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**FORT MYERS, FL**

Zip

**33919**

Country

City & State

**BOWLING GREEN, Ky**

Zip

**42103**

Country

4. FEI Number

**65-0940192**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**SCHUMANN, RAYMOND L**

Street Address (P.O. Box Number is Not Acceptable)

**13141 MCGREGOR BLVD, SUITE 9**

City

**FL MYERS**

FL

Zip Code

**33919**

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
McINTOSH, BARRY  
13141 MCGREGOR BLVD, SUITE 9  
FORT MYERS, FL 33919**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
PENDLETON, R E  
13141 MCGREGOR BLVD, SUITE 9  
FORT MYERS, FL 33919**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)