

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000082480**

1. Entity Name
PENDA GLASSTITE, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 17 AM 9:54

Principal Place of Business
2665 SOUTH BAYSHORE DRIVE #800
MIAMI FL 33133
Penda Corporation

Mailing Address
2665 SOUTH BAYSHORE DRIVE #800
MIAMI FL 33133
Penda Corporation



2. Principal Place of Business
2344 W. Wisconsin St
Suite, Apt. #, etc.
P.O. Box 449
City & State
Portage, WI
Zip
53901
Country

3. Mailing Address
2344 W. Wisconsin St
Suite, Apt. #, etc.
P.O. Box 449
City & State
Portage, WI
Zip
53901
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2493317** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
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 *Laura E. Dwyer* DATE *10/17/01*
(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	COBD POWELL, EARL W 2665 S. BAYSHORE DR., 8TH FL MIAMI FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO THOMPSON, JACK L 2344 W. WISCONSIN ST PORTAGE WI 53901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT WANER, LEO E 2344 W. WISCONSIN ST PORTAGE WI 53901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700004640467--2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KUFFNER, MARILYN D 2665 S. BAYSHORE DR., 8TH FL MIAMI FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS MOSTKOFF, SAMUEL 2344 W. WISCONSIN ST PORTAGE WI 53901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Leo E. Waner* DATE *10/16/01* [608] 742-5301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0037085 AV

CR2E034 (5/01)



293

October 16, 2001

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2001 Uniform Business Report for Penda Glasstite, Inc. (FEI # 58-2493317)

Dear Sir or Madam:

Attached is our 2001 Uniform Business Report (UBR), including a payment of \$158.75 (annual fee and certificate of status), in which we were remiss in filing by the June 8, 2001, deadline and also the 60 days notice by September 12, 2001.

The reason for the delinquent filing is because we were sold in the end of April 2000 and this report was filed by our previous owners, Trivest, Inc., Miami, FL., who did not forward either the original report or the 60 days notice report to us. It just so happens that a law firm was checking on our certification of corporation and found out that we were administratively dissolved on September 21, 2001.

Therefore, based on the above explanation, we ask that you pardon us from reinstatement fees and place us back in good standing with the State of Florida. You have our commitment going forward that all UBR's will be properly filed and the appropriate fees paid.

Thank you for your understanding and consideration on this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'David P. Candello', written over the word 'Sincerely,'.

David P. Candello
Penda Corporation
Director of Finance & Treasury

enclosure: 2001 Uniform Business Report for Penda Glasstite, Inc.
All fees being paid by Registered Agent- Corporation Service Company

PENDA CORPORATION

2344 W. Wisconsin St., P.O. Box 449, Portage, WI 53901-0449 (608) 742-5301

3058



ACCOUNT NO. : 072100000032

REFERENCE : 030711 4730546

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 158.75

ORDER DATE : October 17, 2001

ORDER TIME : 2:38 PM

ORDER NO. : 030711-035

CUSTOMER NO: 4730546

CUSTOMER: Mr. David Candelmo
Penda Corporation
2344 West Wisconsin Street
P.o. Box 449
Portage, WI 53901-0449

RECEIVED
01 OCT 17 PM 4:05
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: PENDA GLASSTITE, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

NOTE: PLEASE SEE CLIENT LETTER ATTACHED

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: _____