## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \_\_

| DOCUMENT #  |   |                                  | n FLED                                  |  |                            |
|---|---|----------------------------------|---|--|----------------------------|
| DOCUMENT #  1. Entity Name  Pentfluits. com, Inc  |   |                                  |   |  |                            |
| () Q \q 00°   |   | 03 JAN -6 PM 4: 10               |   |  |                            |
| pentfluitle, com, Inc   |   |                                  | SECRETARY OF SWITE                      |  |                            |
|   |   |                                  | SECRETARY OF SYJTE TALLAHASSTE, FLOTINA |  |                            |
| DO NOT WRITE  | IN THIS SPA                                   | CE                               |   |  |                            |
| 2. Principal Place of Business  | 3 Mailing Addross                             |                                  |   |  |                            |
| Principal Place of Business 104 AVE 3. Mailing Address W 106 AVE  |   |                                  |   |  |                            |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                           |                                  | DO NOT W                                | /RITE IN THIS SPA                      | ICE                        |
| City & State  | CHA STORM 2                                   | -(                               | 4. FEI Number                           | <u> </u>                               | Applied For Not Applicable |
| Zip Zip Country   | Zip 7 7 7 10 1                                | ountry 1                         | 5. Certificate of Status Desire         |  | 3.75 Additional            |
| 3176 BAUSIT   | 33/76 W                                       | 1 1                              | 7. Name and Address of Curre            |  | e Required                 |
| DO 1107111  | ar lake ka                                    | Name                             | IETA DCHI                               | ALA-R                                  |                            |
| DO NOT WI   |   | Street Address (P                | O Box Number is Not Alcopta             | ble                                    |                            |
| IN THIS SP  | ACE   | Given                            | A 719 - 715                             | 000                                    |                            |
| ·   |   | City                             |   | FL                                     | Zip Code                   |
| 8. The above named entity submits this statement for  | the nurnose of changing its regist            | tered office or registere        | and agent, or both, in the State of     | 1                                      |                            |
| only common substitution  | and pulpose of origing to region              | iorea emos ar registere          | o agent, or both, in the state of       | rionda.                                |                            |
| SIGNATURESignature, typed or printed name of registered agent an  | d title if applicable /NOTE: Begin            | tered Agent signature required v | when reinstation?                       | DATE                                   |                            |
|   | January 1 - May 1                             |                                  | when reinstating)                       | DAIE                                   | ,                          |
| <ol> <li>This corporation is eligible to satisfy its Intangible<br/>Tax filing requirement and elects to do so.</li> </ol>  | e is \$550.00<br>R is \$61.25                 | 10. Election Campaign            |   | <b>\$5.00</b> May Be                   |                            |
| (See criteria on back)  | Make Check Payable to                         |                                  | Trust Fund Contribu                     | uon, 🗀                                 | Added to Fees              |
| 11. PYCS I VEN OFFICERS AND D   | 7: // //                                      | ITLE                             |   |  |                            |
| NAME C0961 STAL 106   | 11/00   | IAME                             | 01/06/03-01004                          | 32 <b>7</b> 49!                        | 5                          |
| STREET ADDRESS CITY-ST-ZIP  MIANI PI 32   | / n   | TREET ADDRESS                    |   | ······································ | 150.00                     |
| TITLE VICE PLES I DENT  | 116   | ITY-ST-ZIP                       |   | · · · · · · · · · · · · · · · · · · ·  |                            |
| NAME TALKS ALSO TEST  | Valte And                                     | AME                              | •                                       |  | ā                          |
| STREET ADDRESS CITY-ST-ZIP  |   | TREET ADDRESS                    |   |  |                            |
| TITLE   | , ,   | ITLE                             |   |  |                            |
| NAME  | I .   | AME                              |   | * 1                                    |                            |
| STREET ADDRESS CITY-ST-ZIP  |   | TREET ADDRESS                    | DO NOT                                  | WRIT                                   | E                          |
| TITLE   |   | ITLE                             |   |  | <del></del>                |
| NAME  |   | AME                              | IN THIS                                 | SPACE                                  | <b>=</b> .                 |
| STREET ADDRESS<br>CITY-ST-ZIP   |   | TREET ADDRESS<br>ITY-ST-ZIP      | å                                       |  | ~                          |
| NTLE  | ···   | TLE                              |   |  | n c                        |
| NAME  |   | AME                              |   | 0 1                                    |                            |
| STREET ADDRESS  DITY-ST-ZIP   | <b>1</b>                                      | TREET ADDRESS                    | •                                       |  |                            |
| ITLE  |   | TLE                              |   | -                                      |                            |
| NAME  | _   | AME                              | ,                                       |  |                            |
| STREET ADDRESS  |   | TREET ADDRESS                    | 0                                       |  |                            |
| OTY-ST-ZIP  |   | TY-ST-ZIP                        |   |  |                            |
| 13. I hereby certify that the information supplied with the indicated on this report or supplemental report is transfer the complete of the | ue and accurate and that my sign              | nature shall have the sa         | ime legal effect as if made unde        | r oath: that I am ai                   | n officer or director      |
| of the corporation or the receiver or trustee empor<br>attachment with an address with all other like emp   | vered to execute this report as re<br>owered. | equired by Chapter 607           | , Florida Statutes; and that my r       | name appears in f                      | Slock 11 or on an          |
| · / / / / /   | , ,   |                                  | ,                                       |  | . /                        |

From the desk of...

Janet A. Schklair DEAR SIVS: WE HAS NEVER RECEIVED THE UNIFOIM BUS REDORT AND JUST RECEIVED THE ADMINISTRATION Dissolution Form. Since we wish TO REMAIN A RENTHORIDA, COU, INC # 52-2211678 AND JINCE WE coul-1 Not File Because we NEVEL RECEIVED THE DOCUMENT FOI THE UBR, REASE ACCORD Curecu For \$150 10. FOR The REGular UBR FEE. WE AppilogizE FOR MY INCONVENTIGICE THIS MAY have coused fou. Sweevely, Janil De Schulain 10961 SW 106 BVE RHNTFIORIDA Value Map = All Florida Vacations Division Minit P.O. Box 162755 • Miami, FL 33116 3313

## REINSTATIONENT

## ABATEMENT OF FEES REQUEST

1439/02

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Dear Sirs:

Due to a comedy of errors, we had not originally received the Uniform Business Report. When we requested it, it was very late. This occurred probably due to the fact that we had changed to a P.O. box and then to a different physical address. We will submit a change of address form at earliest convenience. However, your letter was sent on the 20<sup>th</sup>, but we only just received it (Monday, the the christmas rush. I've included the original uniform business report, my original handwritten letter, and your response.

Please take the \$150.00 check that is attached and use it for the fees for 2002. We'll of course, send the 2003 report when we receive the form for 2003.

Thank you and have a happy New Year!

Sincerely,

Nick Schklair RentFlorida, Inc. 52-2211678

REF: \$99000087218