

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088397

1. Entity Name

LINDA PENZABENE, INC.

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90227 008 ***150.00

Principal Place of Business

~~181 20TH AVE. NORTH~~
~~ST. PETERSBURG FL 33704~~

Mailing Address

810 1/2 24th Ave N.
181 20TH AVE. NORTH
ST. PETERSBURG FL 33704
33704

2. Principal Place of Business

3. Mailing Address

810 1/2 24th Ave N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Petersburg, FL.

Zip

Country

Zip

Country

33704 USA

4. FEI Number

59-3599648

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENZABENE, LINDA
181 20TH AVE. NORTH
ST. PETERSBURG FL 33704

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, 2001 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 PS
NAME PENZABENE, LINDA
STREET ADDRESS ~~181 20TH AVE. NORTH~~ 810 1/2 24th Ave N.
CITY-ST-ZIP ST. PETERSBURG FL 33704

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE Agent
NAME Brian A. Rothbart
STREET ADDRESS 810 1/2 24th Ave N, St. Pet. FL.
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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CITY-ST-ZIP

☐ Change

☐ 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: *Linda Penzabene*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda Penzabene

Date

2/5/01

Daytime Phone #

727

821-4586

CR2E034 (10/00)