

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90028 040 ***150.00

DOCUMENT # P99000093908

1. Entity Name

PENNY DEVELOPERS CORPORATION

Principal Place of Business

**101 ORANGE STREET
 ST AUGUSTINE FL 32084**

Mailing Address

**101 ORANGE STREET
 ST AUGUSTINE FL 32084**

2. Principal Place of Business

5172 OSCEOLA AVE

Suite, Apt. #, etc.

3. Mailing Address

5172 OSCEOLA AVE

Suite, Apt. #, etc.

City & State

ST AUGUSTINE FL

City & State

ST AUGUSTINE FL 32084

Zip

32080

Country

USA

Zip

32080

Country

USA

4. FEI Number

59-3609659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SCOTT, ALLEN C II
 101 ORANGE STREET
 ST AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

Name **PENNY E WELCH**

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

5172 OSCEOLA AVE

City

ST AUGUSTINE FL

Zip

32080

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

Penny E Welch Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE

PENNY E WELCH Pres. 4/15/02

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, 2002 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

TITLE **PD** ☐ Delete
 NAME **WELCH, PENNY E**
 STREET ADDRESS **490 CENTRAL ST**
 CITY-ST-ZIP **5172 OSCEOLA AVE**
HARRISVILLE RI 02830
ST AUGUSTINE FL
32080

TITLE **VP** ☒ Delete
 NAME **WELCH, LAWRENCE J**
 STREET ADDRESS **490 CENTRAL ST**
 CITY-ST-ZIP **HARRISVILLE RI 02830**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **WELCH PENNY E.**
 STREET ADDRESS **5172 OSCEOLA AVE**
 CITY-ST-ZIP **ST AUGUSTINE FL 32080**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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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:

Penny E Welch Pres.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PENNY E. WELCH Pres 4/15/02 904
 Date Daytime Phone #

CR2E034 (9/01)