

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100696

1. Entity Name
PEMBRIC, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90016 045 ***150.00

Principal Place of Business

Mailing Address

2941 PEMBRIDGE STREET
KISSIMMEE FL 34747

2941 PEMBRIDGE STREET
KISSIMMEE FL 34747-1628

2. Principal Place of Business

9708 AVALON WOODS DR

3. Mailing Address

9708 AVALON WOODS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WINTER GARDEN FL

City & State

WINTER GARDEN FL

4. FEI Number

Applied For

☒ Not Applicable

Zip
34787

Country
USA

Zip
34787

Country
USA

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

LAWRENCE, RICHARD
2941 PEMBRIDGE STREET
KISSIMMEE FL 34747

Name
LAWRENCE RICHARD

Street Address (P.O. Box Number is Not Acceptable)
9708 AVALON WOODS DRIVE

City
WINTER GARDEN

FL

Zip Code
34787

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 RICHARD C. LAWRENCE 4/4/2000

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS LAWRENCE, RICHARD
CITY-ST-ZIP 2941 PEMBRIDGE STREET
KISSIMMEE FL 34747

TITLE ☒ Change ☐ Addition
NAME LAWRENCE RICHARD
STREET ADDRESS 9708 AVALON WOODS DRIVE
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: RICHARD C. LAWRENCE 4/4/2000 407/931-2788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #