

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S48945**

1. Entity Name

NOPEC CORPORATION**FILED**

02 NOV -1 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

1248 GEORGE JENKINS BLVD
LAKELAND FL 33806
US

Mailing Address

P.O. DRAWER 2868
LAKELAND FL 33806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3060453

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FUNARO, JOE
538 FAITH CIRCLE
MAITLAND FL 32751

Name

M. WAYNE PENNEWELL

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

5405 FLOOD COURT

City

BARTOW

FL

Zip Code
33830

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **M. WAYNE PENNEWELL**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/13/2002

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. 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	D	<input checked="" type="checkbox"/> Delete
NAME	POWERS, RICHARD M.	
STREET ADDRESS	6003 IRBY LANE W	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	D	<input type="checkbox"/> Delete
NAME	FUNARO, JOE	
STREET ADDRESS	538 FAITH CIRCLE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, JAMES	
STREET ADDRESS	219 WRANGLEWOOD DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M. WAYNE PENNEWELL	
STREET ADDRESS	5405 FLOOD COURT	
CITY-ST-ZIP	BARTOW, FL 33830	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JERRY NICHOLS	
STREET ADDRESS	2699 BILL BROWN COVE	
CITY-ST-ZIP	HIWASSEE, GA 30546	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT M. MOODY	
STREET ADDRESS	12500 ST RD 39	
CITY-ST-ZIP	DUETTE, FL 33834	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAT CARLTON	
STREET ADDRESS	11055 ST RD 39	
CITY-ST-ZIP	DUETTE, FL 33834	

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:

M. Wayne Pennewell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
M. WAYNE PENNEWELL, DIRECTOR/CUSTODIAN

9/13/02

863-648-9990

Date

Daytime Phone #

CR2E034 (4/02)