

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90091 001 ***150.00

DOCUMENT # S73593

1. Entity Name

TEN PENNY, INC.

Principal Place of Business

**1 EMERALD LAKE DR
PANAMA CITY BEACH FL 32407
US**

Mailing Address

**1 EMERALD LAKE DRIVE
PANAMA CITY BEACH FL 32407-3247
US**

00041850



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3110298**

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

**DAVIS, GEORGE E
#1 EMERALD LAKE DRIVE
PANAMA CITY BEACH FL 32407**

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, 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**

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVIS, GEORGE E. ADDRESS 450 HARRISON AVE ST-ZIP PANAMA CITY FL	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
NAME SKINNER, LORNE S. ADDRESS 450 HARRISON AVE ST-ZIP PANAMA CITY FL	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
NAME FETTIG, ROBERT A. ADDRESS 450 HARRISON AVE ST-ZIP PANAMA CITY FL	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
NAME BOLTE, KIM ADDRESS 450 HARRISON AVE ST-ZIP PANAMA CITY FL	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
NAME BELTRAMI, JOHN ADDRESS 450 HARRISON AVE ST-ZIP PANAMA CITY FL	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
NAME DAVIS, DONNA M ADDRESS 450 HARRISON AVE ST-ZIP PANAMA CITY FL	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>

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 stated 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 applicable, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ROBERT A. FETTIG**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/00 (850) 236-8147