

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S78335

1. Entity Name

PENSE CO., INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90055 022 ***150.00

Principal Place of Business

Mailing Address

1079 GLENWOOD DR
CORAL SPRINGS FL 33065

11079 GLENWOOD DR
CORAL SPRINGS FL 33064-8703

AV0052529



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4400 N.W. 19TH AVE.

4400 N.W. 19TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE H.

SUITE H

City & State

City & State

POMPANO BEACH, FL.

POMPANO BEACH, FL.

Zip

Country

Zip

Country

33064

U.S.

33064

U.S.

4. FEI Number

65-0285047

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

PENSE, JEFFREY

~~11079 GLENWOOD DR~~

~~CORAL SPRINGS FL 33065~~

Name

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

10290 N.W. 60TH PL.

City

PARKLAND

FL

Zip Code

33076

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
PENSE, JEFFREY
~~11709 GLENWOOD DR~~
~~CORAL SPRINGS FL 33065~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4400 N.W. 19TH AVE. SUITE H.
POMPANO BEACH, FL. 33067 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jeffrey Pense 4/5/00 954-971-1930