## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **S88580**

1. Entity Name

PENULTIMATE PRODUCTS, INC.

Principal Place of Business

Mailing Address

15212 79TH COURT N

LOXAHATCHEE FL 33470

US

15212 79TH COURT N

LOXAHATCHEE FL 33470

US

2. Principal Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

## FILED May 01, 2001 8:00 am Secretary of State

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2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS S	PACE			
City & State		City & State			<b>4.</b> F	FEI Number <b>65-0290566</b>		_ <del>    -</del>	pplied For	
Zip	Country	Zip	Country		5. (	Certificate of Status Desired		8.75 Ad ee Require	ditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
PORTER, WILLIAM 15212 79TH COURT N				Name						
				Street Address (P.O. Box Number is Not Acceptable)						
LOXAHATCHEE FL 33470										
				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 FILE NOW!!! FEE				150.00		<b>40</b> Flacking Occupation Final		<b>65.6</b>		
Tax filing requirement and elects to do so. After MAY 1, 2001 F				•		<ol> <li>Election Campaign Finar Trust Fund Contribution.</li> </ol>	icing		00 May Be	
(See criteria on back) Make Check Payable to I				ment of State	,	Tract Faria Sommodion.	<del></del>	,,,,,,,	3 10 1 000	
11. OFFICERS AND DIRECTORS 12			12.		ADI	DITIONS/CHANGES TO OFFIC	ERS AND D	DIRECTOR	S IN 11	
TITLE	D	☐ Delete	TITLE				1	Change	☐ Addition	
NAME	PORTER, WILLIAM		NAME						}	
STREET ADDRESS	15212 79TH COURT N STR			RESS						
CITY-ST-ZIP	LOXAHATCHEE FL CIT									
TITLE	PST	☐ Delete	TITLE				[	Change	☐ Addition	
NAME	PORTER, WILLIAM				·					
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<u>-</u>		ntotad in Cont	ion 1	10.07(3)(i) Elorido Statutas 1.5	other codifi	(that the in	formation			
indicated	certify that the information-supplied with the	us ming does not quality for the	me exemption	i stateu in Sect	iUII l me le	าฮ.บา(อ)(ก), Fiuriua อิเลเนเซร. I ใน egal effect as if made under oat	hater certify	an officer	or director	

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:

Wellow P Podo

WICLIAM P. PORTER 4-2401 561-791-178

Daytime Phone