

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90089 013 ***158.75

DOCUMENT # K25931

1. Entity Name
PRESTIGE LUMBER & SUPPLIES, INC.

Principal Place of Business % 1675 SR 419 LONGWOOD FL 32750	Mailing Address % 1675 SR 419 LONGWOOD FL 32750
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00043403



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2891579** 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

ROMINGER, STEPHEN L
1675 SR 419
LONGWOOD FL 32750

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DP	ROMINGER, STEPHEN L.		
STREET ADDRESS	1675 STATE ROAD 419		
CITY-ST-ZIP	LONGWOOD FL		
DS	SKURA, ROBERT		
STREET ADDRESS	1675 STATE ROAD 419		
CITY-ST-ZIP	LONGWOOD FL		
ST	WILSON, CHARLIE ANN		
STREET ADDRESS	3430 JUJUBE DRIVE		23633 C.R. 46-A
CITY-ST-ZIP	ORLANDO FL		Sorrento Fla 32776

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: *Charlie Ann Wilson* CHARLIE ANN WILSON f/m/b 407.323.5862
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2101010

CR2E034 (10/00)