

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90011 046 ***150.00

DOCUMENT # P99000015832

1. Entity Name

PRESTO FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

13151 RANDOLPH SIDING ROAD
 JUPITER FL 33478

13151 RANDOLPH SIDING ROAD
 JUPITER FL 33478-6521

XXXXXXXXXX



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

425 SW Park Street

3. Mailing Address

4527 Arnold Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Okeechobee, FL

City & State

Naples FL

4. FEI Number

65-0898398

Applied For

Not Applicable

Zip

34972

Country

Zip

34104

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRABHAM, JEFFREY R
 13151 RANDOLPH SIDING ROAD
 JUPITER FL 33478

7. Name and Address of New Registered Agent

Name **Thomas E. Sams**
 Street Address (P.O. Box Number is Not Acceptable) **4527 Arnold Avenue**
 City **Naples** FL Zip Code **34104**

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 *Thomas E. Sams* Pres. **Thomas E. Sams, President.** **3-24-2000**
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BRABHAM, JEFFREY R	13151 RANDOLPH SIDING ROAD	JUPITER FL 33478	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
VP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	Thomas E. Sams	4527 Arnold Avenue	Naples, FL 34104	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Kenneth M. Egan	4527 Arnold Avenue	Naples, FL 34104	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Janine F. Brown	4527 Arnold Avenue	Naples FL 34104	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Lorraine M. Sams	4527 Arnold Avenue	Naples, FL 34104	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Thomas E. Sams* Pres. **Thomas E. Sams, President** **3-24-00** **659-1120**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #