## 2002 UNIFORM RUSINESS DEDOOT (URD)

2002 UNIFORM BUSINESS REPORT (UBR)							FILED				
DOCUMENT # S06421  1. Entity Name						Apr 29, 2002 8:00 am Secretary of State					
PRINCESS SERVICE, INC.							04-29-2002 90				
	ce of Busines ORNE STREET 34997		Mailing Address 3012 HAWTHORNE STREET STUART FL 34997			DAAAA					
2. Principal	Place of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI I	Number <b>65-0220213</b>		<u> </u>	oplied For	
Zip			Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fae Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
MAY, ANDREA J.					Street Address (P.O. Box Number is Not Acceptable)						
3012 HAWTĤORNE ST. STUART FL 34997							-			<u> </u>	
	<i>(</i> 2)			City			<del></del>	FL	Zip Cod	e	
8. The above	named entity	y submits this statement for t	he purpose of changing its	registered office	e or registere	ed agent,	or both, in the State of Florida	a.	1,		
SIGNATURE	Signature, typed	or printed name of registered agent and	d title if applicable. (NOTE	:: Registered Agent sig	gnature required	when reinstat	ling)	DATE			
9. This corporate filling (See crite	!! FEE IS \$15 2 Fee will be le to Departm	\$550.00	- 1	Election Campaign Financ Trust Fund Contribution.	ing 🗆		<b>0</b> May Be to Fees				
11.		OFFICERS AND DI		12.			ONS/CHANGES TO OFFICE	RS AND D	DIRECTORS	3 IN 11	
TITLE	DPV		☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	Grote, A   3012 Haw   Stuart F	THORNE ST		NAME STREET ADDRES CITY-ST-ZIP	SS						
TITLE NAME	TSC		☐ Delete	TITLE			******	[	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	GROTE, A 3012 HAW STUART F	THORNE STREET		NAME - STREET ADDRES CITY-ST-ZIP	ss						
TITLE NAME	M GROTE, M	ark	· Deléte	TITLE NAME			\$	Г	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	P O BOX STUART F		-	STREET ADDRES	SS						
NAME	• • • • •		☐ Delete	TITLE NAME					Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRES CITY-ST-ZIP	S						
TITLE NAME	i		☐ Delete	TITLE NAME			- 2.	C	] Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRES	s		***				
TITLE ·			☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS	s		·				
of the corp	on this report poration or the	or supplemental report is tru	ue and accurate and that my ered to execute this report a	v sionatiire shal	i have the sa	ime lenal	07(3)(i), Florida Statutes. I furt effect as if made under oath; latutes; and that my name ap	that I am	an officer of	or director	

SIGNATURE: