2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 08:00 AM
Secretary of State

DOCUMENT # **N97000004756**

1. Entity Name
THE PRESERVATION STATION, INC.

Principal Place of Business	Mailing Address
4001 CYPRESS LANE	4001 CYPRESS LANE
TAMPA FL 33624	TAMPA FL 33624

2. Principal Place of Business	3. Mailing Address
28531 BENNINGTON DRIVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ZEPHYRHILLS FL	City & State
Zip: 33544 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-3500232** ☐ 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
ARONOFF SUSAN E 4001 CYPRESS LANE TAMPA FL 33624 US	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 _____ **04/04/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CANNELLA STEVE 14822 DAISY LANE TAMPA FL 33613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CANNELLA STEVE 14822 DAISY LANE TAMPA FL 33613	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REAM JENNIFER 719 LANTANA., #78 CORPUS CHRISTI TX 78404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REAM JENNIFER PO BOX 21 WADDELL AZ 85355	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLT PATTI 2991 24TH AVENUE NE NAPLES FL 34120	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS ARONOFF MILDRED 4001 CYPRESS LANE TAMPA FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SMITH ALAN 15519 WOODWAY DRIVE TAMPA FL 33613	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ARONOFF STANLEY 4001 CYPRESS LANE TAMPA FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DRAKE DEBRA DVM 15519 WOODWAY DRIVE TAMPA FL 33613	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARONOFF SUSAN 4001 CYPRESS LANE TAMPA FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, P ARONOFF SUSAN E 4001 CYPRESS LANE TAMPA FL 33624	☒ Change ☐ Addition

CR2E037 (11/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN E. ARONOFF D,P 04/04/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #