

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 10, 2003 8:00 am  
Secretary of State

02-10-2003 90115 001 \*\*\*150.00

DOCUMENT # 298003  
1. Entity Name  
PRESTIGE DEVELOPMENT CORPORATION



Principal Place of Business  
2699 ALLEN AVE  
AMELIA ISLAND FL 32034  
US

Mailing Address  
2699 ALLEN AVE  
AMELIA ISLAND FL 32034  
US

2. Principal Place of Business  
20 South 6th Street

3. Mailing Address  
20 South 6th Street

Suite, Apt. #, etc.

City & State  
Fernandina Beach, FL

City & State  
Fernandina Beach, FL

Zip  
32034

Country  
USA

Zip  
32034

Country  
USA

4. FEI Number 59-1206554

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDMAN, LOUIS JR.  
2699 ALLEN AVE  
AMELIA ISLAND FL 32034

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
20 South 6th Street

City  
Fernandina Beach

FL

Zip Code  
32034

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Louis E. Goldman, Jr.* Louis E. Goldman, Jr. 2/5/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D GOLDMAN, LOUIS E., JR. 2699 ALLEN AVE AMELIA ISLAND FL 32034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GOLDMAN, SUSAN 2699 ALLEN AVE AMELIA ISLAND FL 32034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20 South 6th Street Fernandina Beach, FL 32034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20 South 6th Street Fernandina Beach, FL 32034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: *Louis E. Goldman, Jr.* Louis E. Goldman, Jr. 2/5/03 904-261-0615  
Signature and typed or printed name of signing officer or director Date Daytime Phone #



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)