

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0065256 AV

04-11-2002 90671 006 ***150.00

DOCUMENT # 459472

1. Entity Name

PREFERRED MANAGED INVESTMENTS, INC.

Principal Place of Business

**4232 NW 6TH ST. BLDG. 2
 GAINESVILLE FL 32609**

Mailing Address

**4232 NW 6TH ST. BLDG. 2
 GAINESVILLE FL 32609**



**Reeves H. Byrd Jr.
 6110 NW 1st Place Suite D
 Gainesville FL 32607**

usa

Country
~~FL~~ **USA**

**Reeves H. Byrd Jr.
 6110 NW 1st Place Suite D
 Gainesville FL 32607**

usa

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1546679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BYRD, REEVES H
 4232 NW 6 ST., BLDG II
 GAINESVILLE FL 32609**

7. Name and Address of New Registered Agent

**Reeves H. Byrd, Jr.
 6110 NW 1st Place Suite D
 Gainesville FL 32607
 352-333-8334**

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

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, 2002 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 **P** ☐ Delete
 NAME **BYRD, REEVES H JR**
 STREET ADDRESS **4232 NW 6TH ST., BLDG. 2**
 CITY-ST-ZIP **GAINESVILLE, FL 32601**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. OFFICERS AND DIRECTORS IN 11

TITLE **Reeves H. Byrd, Jr.** ☒ Change ☐ Addition
 NAME **6110 NW 1st Place Suite D**
 STREET ADDRESS **Gainesville FL 32607**
 CITY-ST-ZIP **352-333-8334**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02

Date

352-333-8334

Daytime Phone #

CR2E034 (9/01)