2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 531898

1. Entity Name

PRESTIGE PROPERTIES, INC.



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90402 048 ***150.00

			100 WE 180	
Principal Place of Business 2233 N.W. 41ST., STE, 100 GAINESVILLE FL 32606-3643		Mailing Address 2233 N.W. 41ST., STE. GAINESVILLE FL 32606	==	A TRANSFER HIBE HIBE HIBE HIBE HIBE AND
2. Principal Place of Business		3. Mailing Address	<u></u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-1772559 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
	6. Name and Address of Currer	of Decistant Asset	<u> </u>	Fee Required
	o. Name and Address of Currer	nt Hegistered Agent	Name -	7. Name and Address of New Registered Agent
STEINBERG, MICHAEL L.				
2233 NW 41 STREET, SUITE 100			Street Addres	ss (P.O. Box Number is Not Acceptable)
GAINESV	ILLE FL 32606			
 ,			City	FL Zip Code
8. The above the obliga	e named entity submits this statement tions of registered agent.	for the purpose of changing i	ts registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE				
پ	Signature, typed or printed name of registered ager	nt and title if applicable. (NC	OTE: Registered Agent signature requi	ired when reinstating) DATE
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of the state of) of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	CO-P	☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS	STEINBERG, MICHAEL L 2233 NW 41ST ST STE 100		NAME	_ ondigs _ nation
CITY-ST-ZIP	GAINESVILLE FL		STREET ADDRESS CITY-ST-ZIP	
TITLE	CO-P	□ Delete	TITLE	☐ Change ☐ Addition
NAME	STEINBERG, MIRIAM F		NAME	Strange Audition
STREET ADDRESS CITY-ST-ZIP	2233 NW 41ST ST STE 100 GAINESVILLE FL		STREET ADDRESS CITY-ST-ZIP	
TITLE	•	☐ Delete	TITLE	Change Addition
NAME			NAME	_ July
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
ITLE		☐ Delete	TITLE	☐ Change ☐ Addition
IAME			NAME	C Strange C Addition
TREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
ITLE		☐ Delete	TITLE	
IAME		LJ DGIGIE	NAME	☐ Change ☐ Addition
TREET ADDRESS			STREET ADDRESS	
1111-31-217			CITY-ST-ZIP	

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 the corporation of the corporation or the receiver or trustee empowered.

SIGNATURE:

WREIMIRIAM F.