2001 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # 557803** 1. Entity Name PRESTIGE ELECTRIC COMPANY OF FLORIDA, INC. 03-26-2001 90164 010 ***150.00 Mailing Address Principal Place of Business 7423 S ORANGE AVENUE 7423 S ORANGE AVENUE ORLANDO FL 32809 ORLANDO FL 32809 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1793601 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name

Mar 26, 2001 8:00 am Secretary of State



YOUNG, M.P. III 2503 BAYFRONT PKWY ORLANDO FL 32806			Street Address (P.O. Box Number is Not Acceptable)			
			City		FL Zip Code	;
. The above	named entity submits this statement for the		gistered office or registered ag			
	Signature, typed or printed name of registered agent and tit	le if applicable. (NOTE: Re	egistered Agent signature required when re	einstating) D	ATE	
This corporation is eligible to satisfy its Intangible ————————————————————————————————————		After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
1.	OFFICERS AND DIR	ECTORS	12. AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTORS	N 11
TLE AME Treet address ITY-ST-ZIP	PD Young, M.P. III 2503 Bayfront Pkwy Orlando Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TLE AME TREET ADDRESS ITY-ST-ZIP	V STRATTON, CHESTER S 5031 SHELLEY CT ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TLE AME TREET ADDRESS ITY-ST-ZIP	STD YOUNG, MYRNA F. 2503 BAYFRONT PKWY ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TLE AME - TREET ADDRESS ITY-SI-ZIP		☐ Delete	TITLE NAME STHEET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
indicated	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower	and accurate and that my	signature shall have the same.	legal effect as it made under oath: fl	nat I am an officer i	or director

M.P. YOUNG TIL