

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000109

1. Entity Name

PRESIDENTIAL PROPERTIES GROUP, LTD.

Principal Place of Business

6601 WEST BROAD ST., P.O. BOX 27003
RICHMOND VA 23261

Mailing Address

6601 WEST BROAD ST., P.O. BOX 27003
RICHMOND VA 23261

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

54-1827776

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

CORPORATION SERVICE COMPANY

ATTN: LAURA DUNLAP

1201 HAYS STREET

TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$4,900.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # 857373
NAME REYNOLDS METALS DEVELOPMENT COMPANY
STREET ADDRESS 6601 WEST BROAD STREET
CITY-ST-ZIP RICHMOND VA 23261

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # F94000004682
NAME PROPERTY ADVISORY GROUP, INC.
STREET ADDRESS 4 CATHEDRAL SQUARE
CITY-ST-ZIP PROVIDENCE RI 02903

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3-8-02 804 287 3251

FILED

02 MAR 11 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



0018999 AB

CR2E003 (9/01)

STAPLE CHECK HERE