

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90294 015 ***150.00

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1. Entity Name
PRESTON & BENJAMIN INVESTMENTS, INC.



Principal Place of Business
155 BEACH AVENUE
#6
REDINGTON SHORES FL 33708

Mailing Address
155 BEACH AVENUE
#6
REDINGTON SHORES FL 33708

2. Principal Place of Business

6365 Bahia Del Mar Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Unit #402-J

City & State

St. Petersburg FL

Zip

33715

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-1165763**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CECIL, LINDA H
1830 CHERRY ST. N.E.
ST. PETERSBURG FL 33704

7. Name and Address of New Registered Agent

Name **LINDA H. CECIL**
Street Address (P.O. Box Number is Not Acceptable) **6365 Bahia Del Mar Blvd. #402-J**
City **St. Petersburg**
City **FL** **Zip Code** **33715**

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 *Linda H. Cecil*

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

(NOTE: Registered Agent signature required when reinstating)

1-25-03

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 **P** ☐ Delete
NAME **CECIL, ROGER F**
STREET ADDRESS **155 BEACH AVE. #6**
CITY-ST-ZIP **REDINGTON SHORES FL 33708**

TITLE **VS** ☐ Delete
NAME **CECIL, LINDA H**
STREET ADDRESS **155 BEACH AVE. #6**
CITY-ST-ZIP **REDINGTON SHORES FL 33708**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres** ☐ Change ☐ Addition
NAME **Roger F. Cecil**
STREET ADDRESS **6365 Bahia Del Mar Blvd**
CITY-ST-ZIP **Unit #402-J**
St. Petersburg, FL 33715

TITLE **VS** ☐ Change ☐ Addition
NAME **Linda Cecil**
STREET ADDRESS **6365 Bahia Del Mar Blvd**
CITY-ST-ZIP **Unit #402-J**
St. Petersburg, FL 33715

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

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:

Linda H. Cecil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA H CECIL

1-25-03

Date

Daytime Phone #

727-225-3900

CR2E034 (10/02)