

2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90040 009 \*\*\*150.00

DOCUMENT # **J19986**

1. Entity Name  
**PRESIDENTIAL GROUP SOUTH, INC.**

Principal Place of Business <b>135 W PINEVIEW ST          ALTAMONTE SPRGS FL 32714          US</b>	Mailing Address <b>135 W PINEVIEW ST          ALTAMONTE SPRGS FL 32714          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FFI Number <b>59-2733791</b>	Application For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**GUADAGNINO, ANTHONY  
 135 W PINEVIEW ST  
 ALTAMONTE SPRGS FL 32714**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Numbers Not Acceptable)  
 City 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 fee paid date) (NOT Registered Agent Signatures required when re-registering) (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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>DP GUADAGNINO, ANTHONY 402 TWISTING PINE CIR. LONGWOOD FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>DS GUADAGNINO, NANCY 402 TWISTING PINE CIR. LONGWOOD FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Anthony Guadagnino* **Anthony Guadagnino** Date: **4/16/01** 407 682-3355

CR2E034 (10/00)