

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90189 001 ***300.00

DOCUMENT # J98992

1. Entity Name

PREFERRED COMMERCIAL PROPERTIES, INC.

Principal Place of Business

Mailing Address

5380 GULF OF MEXICO DR. ~~STE 105A~~
 SUITE 105
 LONGBOAT KEY FL 34228
 US

5380 GULF OF MEXICO DR. ~~STE 105A~~
 SUITE 105
 LONGBOAT KEY FL 34228-2048
 US

2. Principal Place of Business

5380 GULF OF MEXICO DR.

3. Mailing Address

5380 GULF OF MEXICO DR.

Suite, Apt. #, etc.

SUITE 105

Suite, Apt. #, etc.

SUITE 105

City & State

LONGBOAT KEY, FL

City & State

LONGBOAT KEY FL 34228-2048

Zip

34228-2048

Country

USA

Zip

34228-2048

Country

USA

4. FEI Number

59-2851892

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JAMES, BURK L. JR.
 5380 GULF OF MEXICO DR
 STE 105A
 LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE PS
 NAME BURK, JAMES L. JR.
 STREET ADDRESS 5380 GULF OF MEX DR 105A
 CITY-ST-ZIP LONGBOAT KEY FL

☐ Delete

TITLE VTD
 NAME BURK, JAMES L. JR
 STREET ADDRESS 5380 GULF OF MEX DR 105A
 CITY-ST-ZIP LONGBOAT KEY FL

☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

115.00

941-383-8989

JAMES L. BURK JR