

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K85585

1. Entity Name

PRESTON SERVICES CORPORATION

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90127 046 ***150.00

Principal Place of Business

Mailing Address

811 CYPRESS VILLAGE BLVD.
 STE A
 RUSKIN FL 33573
 US

815 CYPRESS VILLAGE BLVD
 SUITE A
 RUSKIN FL 33573-6725
 US

2. Principal Place of Business

35 180th Av. North

3. Mailing Address

35 180th Av. North

Suite, Apt. #, etc.

STE E

Suite, Apt. #, etc.

STE E

City & State

Redington Shores, FL

City & State

Redington Shores, FL

Zip

Country

33708

FL

Zip

Country

33708

FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2951656

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

PRESTON, ALLEN

3801 CORTEZ WAY SOUTH
 ST. PETERSBURG FL 33712

STE E
 35 180th Av. N.
 Redington Shores,
 FL 33708

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PDS
 PRESTON, ALLEN
 3805 CARDENAL AVE
 RUSKIN FL STE E, Redington Shores, FL 33708

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition
 PRESTON, ALLEN
 35 180th Av. N.
 Redington Shores, FL 33708

TITLE
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 CITY-ST-ZIP
☐ Delete

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 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

ALLEN PRESTON

Date

4-28-00 727-866-8880

Daytime Phone #

CR2E034 (9/99)