

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90276 048 ***150.00

DOCUMENT # **K88881**

1. Entity Name
LYOYD PRESCOTT ASSOCIATES, INC.



Principal Place of Business
**4803 GEORGE RD
STE 360
TAMPA FL 33634
US**

Mailing Address
**4803 GEORGE RD
STE 360
TAMPA FL 33634
US**



2. Principal Place of Business

3. Mailing Address

24701 US HIGHWAY 19 NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 102

← SAME

City & State

City & State

Clearwater FL

Zip

Country

Zip

Country

33763

US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2949250**

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

GORDON, MANUEL F.

4803 GEORGE ROAD

STE 360

TAMPA FL 33634-3327

Name

← SAME

Street Address (P.O. Box Number is Not Acceptable)

24701 US HIGHWAY 19 NORTH

SUITE 102

City

Clearwater

FL

Zip Code

33763

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 **Manuel F. Gordon Sec/Treas**

4/18/2003

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **GINSBURG, SHELDON**
STREET ADDRESS **4803 GEORGE ROAD STE 360**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **Same** ☒ Change ☐ Addition
NAME **←**
STREET ADDRESS **24701 US HIGHWAY 19 NORTH #102**
CITY-ST-ZIP **Clearwater, FL 33763**

TITLE **STD** ☐ Delete
NAME **GORDON, MANUEL F**
STREET ADDRESS **4803 GEORGE RD STE 360**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **Same** ☒ Change ☐ Addition
NAME **←**
STREET ADDRESS **24701 US HIGHWAY 19 NORTH #102**
CITY-ST-ZIP **Clearwater FL 33763**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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: **Manuel F. Gordon Sec/Treas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2003 813-881-1110

Date

Daytime Phone #

CR2E034 (10/02)