2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State
04-28-2000 90033 025 ***150.00

DOCUMENT # K95073

1. Entity Name

MONROE'S PRESTIGE GROUP, INC.

Principal Place of Business	Mailing Address
28050 U.S. HWY. 19. NORTH SUITE 208 CLEARWATER FL 33761 US	28050 U.S. HWY. 19. NORTH SUITE 208 CLEARWATER FL 33761-2627 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 205	Suite, Apt. #, etc. 205
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2966062 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOVE, LOUANE S
28050 US 19 N STE 205
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 2700 Bayshore Blvd, Unit 528

City Dunedin **FL** Zip Code 34698

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 Louane Love
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	C MONROE, CHARLES H. 28050 U.S. HWY. 19, NORTH, SUITE ~~208~~ 205 CLEARWATER FL 33761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Suite 205
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MONROE, CHAD M. 28050 U.S. HWY. 19, NORTH, SUITE ~~208~~ 205 CLEARWATER FL 33761	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BARNETT, JAMES A. 28050 U.S. HWY. 19, NORTH, SUITE 208 CLEARWATER FL 33761	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DUNWOODY, DEANA L. 28050 U.S. HWY. 19, NORTH, SUITE 208 CLEARWATER FL 33761	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Ira Waitz 28050 US Hwy. 19, N., Suite 205 Clearwater, FL 33761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Ira Waitz 28050 U.S Hwy 19 N., Suite 205 Clearwater, FL 33761 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: Louane Love REQUIRED 4-13-00 727-669-7402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #