

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90058 016 \*\*\*150.00

DOCUMENT # K95073

1. Entity Name

MONROE'S PRESTIGE GROUP, INC.

Principal Place of Business

Mailing Address

2626 MCCORMICK DRIVE, SUITE 102  
CLEARWATER FL 33579  
US

2626 MCCORMICK DRIVE, SUITE 102  
CLEARWATER FL 33579  
US

2. Principal Place of Business

2627 MCCORMICK DRIVE

3. Mailing Address

2627 MCCORMICK DRIVE

Suite, Apt. #, etc.

SUITE 102

Suite, Apt. #, etc.

SUITE 102

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

7. Name and Address of New Registered Agent

LOVE, LOUANE S  
2700 BAYSHORE BLVD. SUITE 528  
DUNEDIN FL 34698

Name

STACK, JAMES A. ESQ.

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

121 NORTH OSCEOLA AVENUE

2ND FLOOR

City

CLEARWATER

FL

Zip Code

33755

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

*James A. Stack* JAMES A. STACK

04/10/01

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

(NOTE: Registered Agent's 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, 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-ST-ZIP	C MONROE, CHARLES H. 28050 U.S. HWY. 19, NORTH SUITE 205 CLEARWATER FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WAITE, IRA 28050 U.S. HWY. 19, NORTH SUITE 205 CLEARWATER FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MONROE, CHARLES H. III 2627 MCCORMICK DRIVE, SUITE 102 CLEARWATER FL 33759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WAITE, IRA 2627 MCCORMICK DRIVE, SUITE 102 CLEARWATER FL 33759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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 #

727-669-7412

CR2E034 (10/00)