

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

0039562

DOCUMENT # L01000016845

1. Entity Name

PRESTIGE REAL ESTATE GROUP, LLC

02-18-2002 90170 021 *****55.00

Principal Place of Business

**15080 RIVERBEND BLVD. #803
 N. FT. MYERS FL 33917**

Mailing Address

**15080 RIVERBEND BLVD. #803
 N. FT. MYERS FL 33917**

924730

2. Principal Place of Business

12995 S. Cleveland Ave

Suite, Apt. #, etc.

Suite # PBS 57

City & State

Ft. Myers, FL

Zip

33907

Country

USA

3. Mailing Address

12995 S. Cleveland Ave.

Suite, Apt. #, etc.

Suite # PBS 57

City & State

Ft. Myers, FL

Zip

33907

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

26-0029292

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SISSON, LARRY
 218 SOUTHERN COUNTRY LANE
 QUINCY FL 32351**

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition
 NAME **President / MGRM**
 STREET ADDRESS **TERESA H. NUZZO**
 CITY-ST-ZIP **12995 S. Cleveland Ave # PBS 57
 Ft. Myers, FL 33907**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/10/02 941-826-1885

Date

Daytime Phone #

CR2E083 (9/01)