

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L62081

1. Entity Name

PRINCESS MANOR, INC.

Principal Place of Business

1641 E 11TH STREET
STUART FL 34996
US

Mailing Address

1641 E 11TH STREET
STUART FL 34996-5811
US

2. Principal Place of Business

1375 SE St. Lucie Blvd.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 104
Suite, Apt. #, etc.

City & State

Stuart Florida

City & State

Stuart, Florida

4. FEI Number

65-0196912

Applied For

Not Applicable

Zip

34995

Country

USA

Zip

34995

Country

USA

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

ADDEO, WILLIAM H
1641 E 11TH STREET
STUART FL 34996

Name

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

1375 SE St. Lucie Blvd

City

Stuart, FL 34995

FL

Zip Code

34995

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)

1/11/00

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 ☐ Delete
NAME D
STREET ADDRESS ADDEO, WILLIAM H.
CITY-ST-ZIP 1641 E 11TH STREET
STUART FL 34996

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1375 SE St. Lucie Blvd
CITY-ST-ZIP Stuart, Florida 34995

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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

Date

Daytime Phone #

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90282 048 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)