## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L86589

1. Entity Name

## PRESERVES AT PALM-AIRE DEVELOPMENT CORPORATION



FILED Jan 28, 2003 8:00 am Secretary of State

01-28-2003 90080 032 \*\*\*150.00

Dringing Di-							1				
Principal Place of Business  1133 FOURTH STREET  STE 300  SARASOTA FL 34236  2. Principal Place of Business  Suite, Apt. #, etc.			1133 STE	Mailing Address 1133 FOURTH STREET STE 300 SARASOTA FL 34236  3. Mailing Address  Suite, Apt. #, etc.							
			3. Ma				CHECK HERE IF MAKING CHANGES				
			Suit								
City & State			City & State				4. FEI Number 65-0210712		2	Applied For Not Applicable	
Zip	(	Country	Zip		Country		5. Certificate	of Status Desired		\$8.75 Ad	ditional
	6. Name an	d Address of Currer	t Register	ed Agent			7. Name and	Address of New	Registered .	Agent	
					١ ١	Name		•			
MESSICK, ROBERT E.				Street Address			(P.O. Box Numbe	r is Not Acceptab	ıle)		
	in street								, —		
SUITE 60	00										
SARASOTA FL 34237				City				· · · · · · · · · · · · · · · · · · ·	FL	- 1	
8. The above the obliga	e named entity su ations of registere	ibmits this statement d agent.	for the purp	ose of changing its	s registered o	office or registe	red agent, or both	n, in the State of F	lorida. I am	familiar with,	and accept
SIGNATURE											
	Signature, typed or pr	inted name of registered ager	nt and title if app	licable. (NOT	E: Registered Age	ent signature require	d when rainstating)		DATE		
Afte	er May 1, 2003 l	FEE IS \$150.00 Fee will be \$550.00 orida Department						ction Campaign F st Fund Contributi	~ _		May Be
10.		OFFICERS AND	DIRECTO	RS	11.		ADDITIONS/0	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE	D			Delete	TITLE					☐ Change	☐ Addition
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CITY-ST-ZIP	SARASOTA F				STREET AC	DDRESS					
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2. 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, wilt all other like empowered.

**SIGNATURE:** 

GNATURE AND TYPE OR PARTED NAME OF SIGNING OFFICER

1/2/03

941-366-1001

Daytime Phone

R2E034 (10/02)