

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 04, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000004756**

1. Entity Name  
 THE PRESERVATION STATION, INC.

Principal Place of Business 4001 CYPRESS LANE TAMPA FL 33624	Mailing Address 4001 CYPRESS LANE TAMPA FL 33624
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2. Principal Place of Business 28531 BENNINGTON DRIVE Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State ZEPHYRHILLS FL	City & State
Zip 33544	Country

4. FEI Number  
**59-3500232**

Applied For
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARONOFF SUSAN E 4001 CYPRESS LANE TAMPA FL 33624 US		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 \_\_\_\_\_ DATE **04/04/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNELLA STEVE 14822 DAISY LANE TAMPA FL 33613	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CANNELLA STEVE 14822 DAISY LANE TAMPA FL 33613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REAM JENNIFER 719 LANTANA, #78 CORPUS CHRISTI TX 78404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REAM JENNIFER PO BOX 21 WADDELL AZ 85355	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLT PATTI 2991 24TH AVENUE NE NAPLES FL 34120	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ARONOFF MILDRED 4001 CYPRESS LANE TAMPA FL 33624	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH ALAN 15519 WOODWAY DRIVE TAMPA FL 33613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARONOFF STANLEY 4001 CYPRESS LANE TAMPA FL 33624	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DRAKE DEBRA DVM 15519 WOODWAY DRIVE TAMPA FL 33613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARONOFF SUSAN 4001 CYPRESS LANE TAMPA FL 33624	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P ARONOFF SUSAN E 4001 CYPRESS LANE TAMPA FL 33624	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SUSAN E. ARONOFF** D,P 04/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)