2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000004756

Entity Name: THE PRESERVATION STATION, INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 28531 BENNINGTON DRIVE ZEPHYRHILLS, FL 33544 **Current Mailing Address: New Mailing Address:** 4001 CYPRESS LANE 28531 BENNINGTON DRIVE TAMPA, FL 33624 WESLEY CHAPEL, FL 33544 FEI Number: 59-3500232 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: ARONOFF, SUSAN E ARONOFF, SUSAN E 4001 CYPRESS LANE 28531 BENNINGTON DRIVE TAMPA, FL 33624 WESLEY CHAPEL, FL 33544 US 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: 04/30/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: D, P (X) Change () Addition () Delete ARONOFF, SUSAN E ARONOFF, SUSAN E Name: Name: 4001 CYPRESS LANE Address: 28531 BENNINGTON DRIVE Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: WESLEY CHAPEL, FL 33544 Title: () Delete Title: () Change () Addition Name: DRAKE, DEBRA DVM Name: Address: 15519 WOODWAY DRIVE Address: City-St-Zip: TAMPA, FL 33613 City-St-Zip: Title: Title: () Change () Addition () Delete SMITH, ALAN Name: Name: 15519 WOODWAY DRIVE Address: Address: City-St-Zip: TAMPA, FL 33613 City-St-Zip: () Delete Title: Title: () Change () Addition HOLT, PATTI Name: Name: 2991 24TH AVENUE NE Address: Address: City-St-Zip: NAPLES, FL 34120 City-St-Zip: Title: () Delete Title: () Change () Addition REAM, JENNIFER Name: Name: PO BOX 21 Address: Address: WADDELL, AZ 85355 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SUSAN E. ARONOFF D,P 04/30/2002

() Delete

CANNELLA, STEVE

14822 DAISY LANE

TAMPA, FL 33613

Title:

Name:

Address:

City-St-Zip:

() Change () Addition