## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000009770  1. Enlity Name HARRY L. PRESSLEY, INC.						FILED 01 0CT 12 PM 4: 02				
i .	e at Business	ACF			SECRETARY OF STATE  TAELATASSEE FLORIDA					
- 2461 N.W105TH, TERRACE CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065						, '				
2 Original P	Place of Business	<del></del>		_						
Suite, Apt.		3. Mailing Address  Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat		City & State			4. 1	4. FEI Number Applied For				
Zip Country		Zip	ntry		65-0970095 Not Applicab				-	
Σ.μ	6. Name and Address of Curren			T		Certificate of Status Desired  Fee Required      Name and Address of New Registered Agent				
		1 Negistateu Agent	<del></del>	Name		Talle Billy reduced by Item 11	910.010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1
	/, Harry L . 105TH Terrace		Street Addr	Street Address (P.O. Box Number is Not Acceptable)						
	PRINGS FL 33065				· ,=		,			
				City			FL	Zip Code	8	]
8. The above	named entity submits this statement	or the purpose of changing	its register	ed office or reg	gistered ag	jent, or both, in the State of Flor	rida.			
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title it explicable. (N	OTE: Registers	nd Agent signature re	equired when n	einstabng)	DATE		<del></del> -	}
9 .This corre	oration is eligible to satisfy its Intangib			IS \$550.00		<u> </u>	. <u></u>			-
Tax filing i	requirement and elects to do so.	After September Make Check Pay	12, 2001	Fee will be \$		10. Election Campaign Fina Trust Fund Contribution			to Fees	
11.	OFFICERS ANI		12.	<u> </u>		DITIONS/CHANGES TO OFFIC		_		╡ݯ
NAME STREET ADDRESS	SECRETARY PATRICIA H. PRESSI SHED N.W. 10514 TE CORAL SPRINGS, FL	CKY Delete		1			•	□ Change	☐ Addition	CR2E034 (5/01)
TITLE	CORAC SPRINGS, +C	Delete	TITL	<del></del>			•1	Change	Addition	8
NAME STREET ADDRESS CITY+ST-ZIP	·			IE EET ADDRESS 1-ST-ZIP						
TITLE		☐ Delete	TITE:	<b>I</b>	-			Change	☐ Addition	
NAME -STREET ADDRESS* CITY-ST-ZIP			STR	EET ADDRESS -ST-ZIP					_	
TITLE NAME STREET ADDRESS		☐ Delete	TITU NAM STRI	·		, ,	;	☐ Change	☐ Addition	
CITY-ST-ZIP				r-ST-ZIP			3			4
NAME STREET ADDRESS		☐ Delete		-		•••		□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Odeler .	NAM STRI	F						
13. I hereby	certify that the information supplied with on this report or supplemental report proration or the receiver or trustee em, or on an attachment with an address		et my signa ert as requi		e the same er 607, Flori		appears in	Block 11 or	Block 12 if	6.2.