

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90358 035 ***150.00

0059474 AV

DOCUMENT # P00000022555

1. Entity Name
PRINCESS COMMERCIAL, INC.

Principal Place of Business

**208 HOOD AVENUE
 FT. WALTON FL 32548**

Mailing Address

**208 HOOD AVENUE
 FT. WALTON FL 32548**

2. Principal Place of Business

906 Ball Street

3. Mailing Address

2004 Tucker Road

Suite, Apt. #, etc.

Suite 10

Suite, Apt. #, etc.

Perry, Georgia

City & State

Perry, Georgia

City & State

Perry, Georgia

Zip

31069

Country

USA

Zip

31069

Country

USA

4. FEI Number

59-3654612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**WALTERS, ELIZABETH J
 221 MCKENZIE AVENUE
 PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	DEAL, VIC	
STREET ADDRESS	208 HOOD AVENUE	
CITY-ST-ZIP	FT. WALTON FL 32548	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLEIN, HERMAN F JR	
STREET ADDRESS	1590 PHOENIX BLVD., SUITE 200	
CITY-ST-ZIP	COLLEGE PARK GA 30349	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, JERRY A JR	
STREET ADDRESS	P.O. BOX 14	
CITY-ST-ZIP	PERRY GA 31069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

HERMAN F. KLEIN, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)