

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90017 015 ***150.00

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DOCUMENT # P00000062178

1. Entity Name

PRISTINE FLORIDA PROPERTIES, INC.

Principal Place of Business

**4432 PARKWAY COMMERCE BOULEVARD
 ORLANDO FL 32808**

Mailing Address

**4432 PARKWAY COMMERCE BOULEVARD
 ORLANDO FL 32808**

2. Principal Place of Business

3. Mailing Address

P O BOX 607098

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orlando, FL

4. FEI Number

59-3655164

Applied For

Not Applicable

Zip

Country

Zip
32860-7098

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHOEMAKER, JOHN B
 503 N. ORLANDO AVENUE
 SUITE 105
 COCOA BEACH FL 32931**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **CRAMPTON, SUSAN E**
 STREET ADDRESS **4432 PARKWAY COMMERCE BOULEVARD**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SHOEMAKER, JOHN B**
 STREET ADDRESS **503 N. ORLANDO AVENUE #105**
 CITY-ST-ZIP **COCOA BEACH FL 32932-0808**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **Cocoa Beach, FL 32931**

TITLE **D** ☐ Delete
 NAME **KODSI, ALBERT**
 STREET ADDRESS **503 N. ORLANDO AVENUE #105**
 CITY-ST-ZIP **COCOA BEACH FL 32932-0808**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **Cocoa Beach, FL 32931**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

John B. Shoemaker

4/29/02

(407) 294-7931

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)