

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

0193326 AV

DOCUMENT # P00000073114

1. Entity Name
PREFERRED EXCHANGE TOWER, INC.



05-05-2003 90392 007 ***150.00

Principal Place of Business
3111 NORTH UNIVERSITY DRIVE #1020
CORAL SPRINGS FL 33065

Mailing Address
3111 NORTH UNIVERSITY DRIVE #1020
CORAL SPRINGS FL 33065



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc. **# 725**

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-1032296**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BALDOVIN, SARAGA & LIPSHY, P.A.
ATTN: ROBERT S. SARAGA, ESQ.
201 N.E. 1ST AVENUE
DELRAY BEACH FL 33444

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SPENO, THOMAS R**
CITY-ST-ZIP **3111 NORTH UNIVERSITY DRIVE #1020**
CORAL SPRINGS FL 33065

TITLE ☒ Change ☐ Addition
NAME **# 725**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WEBER, THOMAS P**
CITY-ST-ZIP **3111 NORTH UNIVERSITY DRIVE #1020**
CORAL SPRINGS FL 33065

TITLE ☒ Change ☐ Addition
NAME **# 725**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PAUL, JORDAN C**
CITY-ST-ZIP **3111 NORTH UNIVERSITY DRIVE #1020**
CORAL SPRINGS FL 33065

TITLE ☒ Change ☐ Addition
NAME **# 725**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REVEREND P. Weber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 954 340-0120

Date

Daytime Phone #

CR2E034 (10/02)