

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90364 003 ***150.00

DOCUMENT # P00000084251

1. Entity Name

POTTALA MANAGEMENT COMPANY, INC.

Principal Place of Business

**337 N WRIGHT ST
 NAPERVILLE IL 60540**

Mailing Address

**337 N WRIGHT ST
 NAPERVILLE IL 60540**

00054748



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2005 ATLANTIC ST
 Suite, Apt. #, etc.
 #416**

3. Mailing Address

**2005 ATLANTIC ST.
 Suite, Apt. #, etc.
 #416**

City & State

MELBOURNE BEACH FL

City & State

MELBOURNE BEACH FL

Zip

Country

Zip

Country

4. FEI Number

58-2567273

Applied For

Not Applicable

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

**MINOR, NORA
 4 HUNTSMAN LOOK
 ORMOND BEACH FL 32174**

JAMES VIKTOR POTTALA

2005 ATLANTIC ST #416

MELBOURNE BEACH # FL Zip Code 32951

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 **JAMES VIKTOR POTTALA**

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

3/26/01

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, 2001 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	<input type="checkbox"/> Delete
NAME	POTTALA, JAMES V	
STREET ADDRESS	337 N WRIGHT ST	
CITY-ST-ZIP	NAPERVILLE IL 60540	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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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:

[Signature]

JAMES VIKTOR POTTALA

3/26/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)