

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90090 027 ***150.00

DOCUMENT # P00000084251

1. Entity Name

POTTALA MANAGEMENT COMPANY, INC.

Principal Place of Business

**2005 ATLANTIC STREET
#916**

MELBOURNE BEACH FL 32951

Mailing Address

**2005 ATLANTIC STREET
#916**

MELBOURNE BEACH FL 32951

2. Principal Place of Business

201A 4TH AVE

Suite, Apt. #, etc.

3. Mailing Address

601E 69TH ST #125

Suite, Apt. #, etc.

City & State

MELBOURNE BEACH FL

City & State

SIOUX FALLS SD

Zip
32951

Country

USA

Zip

57108

Country

USA

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

POTTALA, JAMES VICTOR

2005 ATLANTIC STREET, #416

MELBOURNE BEACH FL 32951

7. Name and Address of New Registered Agent

Name

LINDA STURSBURG

Street Address (P.O. Box Number is Not Acceptable)

701 LAKE DR.

City

SEBASTIAN

FL

Zip Code

32958

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

2/10/02

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** ☐ Delete
NAME **POTTALA, JAMES V**
STREET ADDRESS **337 N WRIGHT ST**
CITY-ST-ZIP **NAPERVILLE IL 60540**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **601E 69TH ST #125**
CITY-ST-ZIP **SIOUX FALLS SD 57108**

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

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/02

CP2E034 (9/01)