

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90291 031 ***150.00

DOCUMENT # P00000084251

1. Entity Name
POTTALA MANAGEMENT COMPANY, INC.



Principal Place of Business
201A 4TH AVENUE
MELBOURNE BEACH FL 32951
US

Mailing Address
601E 69TH STREET
#125
SIOUX FALLS SD 57108
US



2. Principal Place of Business

3. Mailing Address
534 7TH AVE. SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT #3

City & State

City & State
Brookings SD

Zip

Country

Zip

Country

57006

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

7. Name and Address of New Registered Agent

STURSBURG, LINDA
701 LAKE DRIVE
SEBASTIAN FL 32958

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

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

(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 **D** ☐ Delete
NAME **POTTALA, JAMES V**
STREET ADDRESS **601E 69TH STREET #125**
CITY-ST-ZIP **SIOUX FALLS SD 57108**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **POTTALA, JAMES V**
STREET ADDRESS **534 7TH AVE SOUTH APT #3**
CITY-ST-ZIP **BROOKINGS SD 57006**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03 321-626-4887

Date

Daytime Phone #

CR2E034 (10/02)