

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

0080612 AV

**DOCUMENT # P01000003490**

1. Entity Name  
**PREFERRED PROPERTY GROUP, INC.**



08-04-2003 90148 019 \*\*\*550.00

Principal Place of Business

~~223 PERUVIAN AVE~~  
~~PALM BEACH FL 33480~~

Mailing Address

636 US HIGHWAY ONE  
SUITE 112  
NORTH PALM BEACH FL 33480



2. Principal Place of Business

636 US Hwy One  
Suite, Apt. #, etc.  
Suite 112

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

NORTH Palm Beach FL

City & State

Zip Country

Zip 33408

Country Palm Beach

4. FEI Number 65-1117927

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROBERG, PETER S  
223 PERUVIAN AVE  
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name LuAnne Cochran  
Street Address (P.O. Box Number is Not Acceptable)  
636 US Highway One #112  
City NORTH Palm Beach FL Zip Code 33408

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 *LuAnne Cochran*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

TITLE PST  
NAME BEATTIE, HAMLIN III  
STREET ADDRESS 223 PERUVIAN AVE  
CITY-ST-ZIP PALM BEACH FL 33480 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST  
NAME COCHRAN, LuAnne  
STREET ADDRESS 636 US Highway One, #112  
CITY-ST-ZIP NORTH Palm Beach FL 33408 ☒ Change ☐ Addition

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

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

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

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

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

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: *LuAnne Cochran*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/03 561-801-3636  
Date Daytime Phone #

CR2E034 (4/03)