

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90081 022 ***150.00

DOCUMENT # P01000060265

1. Entity Name

PREFERRED PROPERTY OF PASCO, INC.

Principal Place of Business

**7238 JULIAN STREET
 NEW PORT RICHEY FL 34653**

Mailing Address

**7238 JULIAN STREET
 NEW PORT RICHEY FL 34653**

2. Principal Place of Business

2435 US Hwy. 19

3. Mailing Address

2435 US Hwy. 19

Suite, Apt. #, etc.

140

Suite, Apt. #, etc.

140

City & State

HOLIDAY FL.

City & State

HOLIDAY FL.

Zip

34691

County

PASCO

Zip

34691

County

PASCO

4. FEI Number

09-3724674

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MILLER, PATRICIA K
 7238 JULIAN STREET
 NEW PORT RICHEY FL 34653**

7. Name and Address of New Registered Agent

Name **Miller, Patricia K.**
 Street Address (P.O. Box Number is Not Acceptable)
2435 US Hwy. 19
Suite 140
 City **HOLIDAY** **FL** Zip Code **34691**

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

Patricia K. Miller, President

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

(NOTE: Registered Agent signature required when reinstating)

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, 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 **PRESIDENT** ☐ Delete
 NAME **PATRICIA K. MILLER**
 STREET ADDRESS **39650 US 19 N #331**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **VP** ☐ Delete
 NAME **JOSEPH E. YANNON**
 STREET ADDRESS **10339 PINE NEEDLES DR**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **Sec/T** ☐ Delete
 NAME **DONALD N PENNA**
 STREET ADDRESS **5730 WEST SHORE DR**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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
 CITY-ST-ZIP

TITLE **S-T** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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

Patricia K. Miller, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2002 (727) 423-0607

Date Daytime Phone #

CR2E034 (9/01)