

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90072 048 \*\*\*150.00

**DOCUMENT # P01000060265**

1. Entity Name

**PREFERRED PROPERTY OF PASCO, INC.**



Principal Place of Business

**2425 US HWY 19  
140  
HOLIDAY FL 34691**

Mailing Address

**2425 US HWY 19  
140  
HOLIDAY FL 34691**

2. Principal Place of Business

**2435 US HWY 19 ST. 140  
Suite, Apt. #, etc.  
140**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**HOLIDAY, FL.**

City & State

Zip

Country

Zip

**34691**

Country

**PASCO**

4. FEI Number

**59-3724674**

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  
2425 US HWY 19  
140  
HOLIDAY FL 34691**

7. Name and Address of New Registered Agent

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES  
MILLER, PATRICIA K  
39650 US 19 N #331  
TARPOON SPRINGS FL 34689**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
JOSEPH, YANNON E  
10339 PINENEEDLES DR  
NEW PORT RICHEY FL 34654**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
PENNA, DONALD N  
5730 WEST SHORE DR  
NEW PORT RICHEY FL 34652**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
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CR2E034 (10/02)

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

Date

Daytime Phone #

**1/14/03 727-944-2434**