

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90005 024 ***150.00

DOCUMENT # P01000067347

1. Entity Name
PR PROPERTY MANAGEMENT OF SARASOTA, INC.



Principal Place of Business

**2525 BAYSHORE RD.
NOKOMIS FL 34275**

Mailing Address

**2525 BAYSHORE RD.
NOKOMIS FL 34275**



2. Principal Place of Business

8830 S. TAMiami Trail

Suite, Apt. #, etc.
Suite # 200

City & State
SARASOTA FL

Zip
34238

Country
SARASOTA

3. Mailing Address

8830 S. TAMiami Trail

Suite, Apt. #, etc.
Suite # 200

City & State
SARASOTA, FL

Zip
34238

Country
SARASOTA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1124145

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROWNING, ROBERT W JR.
1800 2ND ST., SUITE 880
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name

PAMELA RASMUSSEN

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

8830 S. TAMiami Trail # 200

City

SARASOTA, FL

FL

Zip Code

34238

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

Pamela Rasmussen

Pamela Rasmussen, Pres.

1/5/03

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 **PRES** **RASMUSSEN** ☐ Delete
NAME **PAMELA RASMUSSEN**
STREET ADDRESS **2525 BAYSHORE RD**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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:

Pamela Rasmussen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/03

Date

941-966-0297

Daytime Phone #

CR2E034 (10/02)