

FILED
Aug 01, 2002 8:00 am
Secretary of State

05-21-2002 91214 029 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000103356

1. Entity Name

PRECIOUS PROPERTIES AND DEVELOPMENT, INC.

Principal Place of Business

1508 MEADOWVIEW LANE
WINTER HAVEN FL 33881

Mailing Address

1508 MEADOWVIEW LANE
WINTER HAVEN FL 33881

2. Principal Place of Business

1508 Meadowview Ln
Suite, Apt. #, etc.

3. Mailing Address

1508 Meadowview Ln
Suite, Apt. #, etc.

City & State

Winter Haven, Florida

City & State

Winter Haven, Florida

Zip

33881

Country

POIK

Zip

33881

Country

FBI Number

59-3755-622

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, LUCILLE

1508 MEADOWVIEW LANE
WINTER HAVEN FL 33881

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.

SIGNATURE

Signature, typed or printed name of registered agent and file 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

NAME

STREET ADDRESS

CITY-ST-ZIP

1508 Meadowview Ln
Winter Haven, Florida 33881

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1508 Meadowview Ln
Winter Haven, Florida 33881

TITLE

NAME

STREET ADDRESS

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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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-02-863-206-1996

Date

Daytime Phone

CR2004 (9/01)