

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90234 024 \*\*\*150.00

DOCUMENT # *TP01000103356*

1. Entity Name

*Precious Properties and Development, Inc*



**DO NOT WRITE IN THIS SPACE**

**11016677**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*1508 Meadowview W*

3. Mailing Address

*1508 Meadowview Lane*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Winter Haven, FL*

City & State

*Winter Haven, FL*

4. FEI Number

*59-3755622*

Applied For

Not Applicable

Zip

*33881*

Country

*USA*

Zip

*33881*

Country

*USA*

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

*Lucille Davis*

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

*1508 Meadowview W*

City

*Winter Haven*

FL

Zip Code

*33881*

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IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
*Chief Executive Officer  
Lucille Davis  
1508 Meadowview W  
Winter Haven, Florida 33881*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*Audrius Hagan Vice President  
Audrius Hagan  
1250 Cambridge Ave Suite Apt 107  
Tallahassee, FL 32310*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lucille Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-21-03 863-294-5676*

Date

Daytime Phone #

CR2E034B (12/02)