

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90031 035 ***150.00

DOCUMENT # P01000104311

1. Entity Name
A PRECIOUS MEMORY, INCORPORATION

Principal Place of Business

POST OFFICE BOX 27276
EL JOBEAN FL 33927

Mailing Address

POST OFFICE BOX 27276
EL JOBEAN FL 33927

2. Principal Place of Business

1147 S. McCalk Road
 Suite, Apt. #, etc.

3. Mailing Address

1147 S. McCalk Road
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Englewood, Florida

Zip
34223

Country
USA

City & State
Englewood, Florida

Zip
34223

Country
USA

4. FEI Number

36-4476944

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHECKLER, MONICA A
3412 YARROW STREET
PORT CHARLOTTE FL 33981

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 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
P
SHECKLER, MONICA A
POST OFFICE BOX 27276
EL JOBEAN FL 33927

☐ Delete

TITLE
S
KENNEDY, JANICE H
POST OFFICE BOX 27276
EL JOBEAN FL 33927

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

MONICA A. SHECKLER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02 941-475-5200
 Date Daytime Phone #

CR2E034 (9/01)