

# 2002 UNIFORM BUSINESS REPORT (UBR)

0109108 AV

DOCUMENT # P01000113331

1. Entity Name  
PRESTIGE INSURANCE ENTERPRISES, INC.

FILED

02 DEC 23 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5001 S. FEDERAL HIGHWAY  
UNIT C  
FORT PIERCE FL 34982

Mailing Address

5001 S. FEDERAL HIGHWAY  
UNIT C  
FORT PIERCE FL 34982

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, BRENDA L  
240 SE TODD AVENUE  
PORT ST. LUCIE FL 34983

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME LEE, BRENDA L  
STREET ADDRESS 240 SE TODD AVENUE  
CITY-ST-ZIP PORT ST. LUCIE FL 34983

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000009668200  
CITY-ST-ZIP 12/24/02--01032--009 \*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

December 12, 2002

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: Document # P01000113331, Prestige Insurance Enterprises, Inc.**

To Whom It May Concern,

This company has not received the Uniform Business Report for this Corporation. We are sending a request for reinstatement and a change of address for future reports to be sent to:

c/o Childs' Bookkeeping & Tax Service Inc.  
3092 S. 25th Street  
Ft. Pierce, FL 34981

Per our conversation on December 12, 2002 enclosed is a check in the amount of \$150.00, which you have indicated will be sufficient to reinstate this Corporation.

Sincerely,



Brenda L. Lee