

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90204 020 ***150.00

DOCUMENT # P02000000785

1. Entity Name
PRUDENTIAL VILLAGE REALTY PLACE PROPERTY MANAGEM
ENT, INC.



Principal Place of Business
309 TAMIAHI TR. UNIT 113
PUNTA GORDA FL 33950

Mailing Address
252 W OLYMPIA AVE
PUNTA GORDA FL 33950

11033581



2. Principal Place of Business

3. Mailing Address

225 W. Virginia Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Punta Gorda FL

4. FEI Number

86-0007021

Applied For

Not Applicable

Zip

Country

Zip

Country

33950

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KOCH, REXFORD R
252 W OLYMPIA AVE
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name

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

225 W. Virginia Avenue

City

Punta Gorda

FL

Zip Code

33950

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D.P.T.S.** ☐ Delete
NAME **Rexford R. Koch**
STREET ADDRESS **225 W. Virginia Ave**
CITY-ST-ZIP **Punta Gorda, FL 33950**

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

TITLE **D.V.** ☐ Delete
NAME **James A. Crumbaugh, III**
STREET ADDRESS **309 Tamiami Trail Unit 113**
CITY-ST-ZIP **Punta Gorda, FL 33950**

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

TITLE **D.V.** ☐ Delete
NAME **Virginia S. Crumbaugh**
STREET ADDRESS **309 Tamiami Trail, Unit 113**
CITY-ST-ZIP **Punta Gorda, FL 33950**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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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 information as required.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 941-6370544

Date

Daytime Phone #

CR2E034 (10/02)