

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2003 8:00 am
Secretary of State

04-21-2003 91055 014 ***150.00

DOCUMENT # P02000028407



1. Entity Name
STEVEN PREHALL INSTALLATION, INC.

Principal Place of Business
1424 SW 52ND LANE
CAPE CORAL FL 33914

Mailing Address
1424 SW 52ND LANE
CAPE CORAL FL 33914

55042156



2. Principal Place of Business

3. Mailing Address

CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

03-0419191

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

PREHALL, STEVEN
1424 SW 52ND LANE
CAPE CORAL FL 33914

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

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

TITLE: PSD
NAME: PREHALL, STEVEN
STREET ADDRESS: 1424 SW 52ND LANE
CITY-ST-ZIP: CAPE CORAL FL 33914 Delete

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

TITLE: Delete
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CITY-ST-ZIP: Delete

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP: Change Addition

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

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 all addresses, with all other like empowered.

SIGNATURE:

Steven Prehall
REGISTERED AGENT REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-03

Date

239-540-6779

Daytime Phone #

CR2E034 (10/02)