

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED U.B.R.
FILED

DOCUMENT # **PO2 000084174**

1. Entity Name

Property Resolutions, Inc.



03 JUL -8 PM 3:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8408 Oakhurst Rd.

3. Mailing Address
8408 Oakhurst Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Seminole, FL 33776

City & State
Seminole, FL 33776

4. FEI Number
55-0794201

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Miller, Gary

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

8408 Oakhurst Rd.

City
Seminole

FL Zip Code
33776

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

6/5/03

**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

**P-T
Miller, Gary
8408 Oakhurst Rd.
Seminole, FL 33776**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**800021410108
07/09/03--01027--013 **61.25**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V.P.S
Parish, Patricia
4029 Arrowood Ct.
Palm Harbor, FL 34684**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/03

Date

Daytime Phone #

CR2E034B (12/02)

7/15