

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90184 028 ***150.00

DOCUMENT # P02000086491

1. Entity Name
PRESTIGE REALTY SARASOTA INC



Principal Place of Business
678 CAPISTRANO DRIVE
NOKOMIS FL 34275

Mailing Address
678 CAPISTRANO DRIVE
NOKOMIS FL 34275



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
SOUTHBRIDGE PROFESSIONAL PARK SOUTHBRIDGE PROFESSIONAL PARK
115 N. TAMiami TRAIL

3. Mailing Address
SOUTHBRIDGE PROFESSIONAL PARK
115 N. TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10

10

City & State

City & State

NOKOMIS, FLORIDA

NOKOMIS, FLORIDA

Zip

Country

Zip

Country

34275

U.S.A

34275

U.S.A

4. FEI Number

32-0027671

Applied For

Not Applicable

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

TAHA, HUSSEIN

2131 HEASLEY ROAD

ENGLEWOOD FL 34223

Name

MARTIN DOYLE

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

678 CAPISTRANO DRIVE

City

NOKOMIS

FL

Zip Code

34275

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 M. DOYLE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-9-03
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 **BROKER** ☐ Delete
NAME **MARTIN DOYLE**
STREET ADDRESS **678 CAPISTRANO DRIVE**
CITY-ST-ZIP **NOKOMIS, FL 34275**

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

TITLE **SHARE-HOLDER** ☐ Delete
NAME **TRACY DOYLE**
STREET ADDRESS **678 CAPISTRANO DRIVE**
CITY-ST-ZIP **NOKOMIS, FL 34275**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03

941-485-3249

Date

Daytime Phone #

CR2E034 (10/02)