

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

0017672 AV

**DOCUMENT # P02000107444**



1. Entity Name

PROPERTY RESEARCH ASSOCIATES, INC.

Principal Place of Business

2907 UNITY TREE DRIVE  
EDGEWATER FL 32141

Mailing Address

2907 UNITY TREE DRIVE  
EDGEWATER FL 32141

2. Principal Place of Business

2907 Unity tree

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Edgewater, FL

City & State

Edgewater, FL

Zip

32141

Country

U.S.

Zip

32141

Country

U.S.

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARANGONI, NIKKI E  
2907 UNITY TREE DRIVE  
EDGEWATER FL 32141

7. Name and Address of New Registered Agent

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

*Nikki Marangoni*

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 *President*  
NAME *NIKKI MARANGONI*  
STREET ADDRESS *2907 UNITY TREE*  
CITY-ST-ZIP *EDGEWATER, FL 32141*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
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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 like empowered.

SIGNATURE:

*Nikki Marangoni*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-03 423-0258

CR2E034 (10/02)