

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000121176

1. Entity Name  
THE PRESERVE AT CARROLLWOOD VILLAGE, INC.



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAR -2 PM 1:29

Principal Place of Business  
10139 MONTAGUE ST  
TAMPA FL 33626

Mailing Address  
10139 MONTAGUE ST  
TAMPA FL 33626

2. Principal Place of Business  
2897 Chancery  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Clearwater FL  
Zip 33759 Country U.S.

City & State  
Zip Country



REINSTATEMENT 03-04  
☐ CHECK HERE FOR ADDITIONAL CHANGES

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  
WILCOX, JOHN W ESQ  
SALEM SAXON, P.A.  
101 E KENNEDY BLVD STE 3200  
TAMPA FL 33602

7. Name and Address of New Registered Agent  
Name John Blaser  
Street Address 10139 Montague St  
City Tampa FL Zip Code 33626

8. The above named entity submits this statement for the purpose of changing its registered office or register the obligations of registered agent. I am familiar with, and accept

SIGNATURE John Blaser  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	D BLAESER, JOHN 10139 MONTAGUE ST TAMPA FL 33626 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400030477154 03/15/04--01057--019 **908.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED  
Signature and typed or printed name of signing officer or director Date 2/24/04 Daytime Phone #

0097674 AV

CR2E034 (4/03)