

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000005871

1. Entity Name

PRESTIGE PROPERTIES OF TAMPA BAY, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90101 031 ***150.00

Principal Place of Business

13205 40TH STREET N.
CLEARWATER FL 33762

Mailing Address

13205 40TH STREET N.
CLEARWATER FL 33762

00041070

2. Principal Place of Business

13205 40TH STREET N.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

CLEARWATER, FL.

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3159638

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOWOTARSKI, MICHAEL K
4950 EDGEWATER LANE
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name

MICHAEL K. NOWOTARSKI SR.

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

13205 40TH ST. N.

City

CLEARWATER

FL

Zip Code

33762

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.

SIGNATURE

Michael K. Nowotarski Sr.

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

(NOTE: Registered Agent signature required when reinstating)

3-28-2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PT
NAME NOWOTARSKI, MICHAEL K
STREET ADDRESS 4950 EDGE WATER LANE
CITY-ST-ZIP OLDSMAR FL 34677 ☐ Delete

TITLE VPS
NAME NOWOTARSKI, MAUREEN
STREET ADDRESS 4950 EDGE WATER LANE
CITY-ST-ZIP OLDSMAR FL 34677 ☐ Delete

TITLE TD
NAME NOWOTARSKI, MICHAEL K
STREET ADDRESS 13202 LAKE MAGDALENE BLVD.
CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael K. Nowotarski Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-2001

Date

727-572-0594

Daytime Phone #

CR2E034 (10/00)