

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000011074

1. Entity Name

PRESTRESS SYSTEMS OF FLORIDA, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90110 026 ***150.00

Principal Place of Business

16603 OLD US 41
 FT MYERS FL 33912
 US

Mailing Address

16603 OLD US 41
 FT MYERS FL 33912-2292
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0375191

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

JOHNSTON, THEODORE
 11547 CHARLIES TERRACE
 FT MYERS FL 33907

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSTON, THEODORE	
STREET ADDRESS	11547 CHARLIES TERRACE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VAN HOOK, JAY	
STREET ADDRESS	18330 TELEGRAM CREEK LANE	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GEIST, TRISH J.	
STREET ADDRESS	13800 HICKORY RUN LANE	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MORGAN, DENNIS	
STREET ADDRESS	16966 SE 19TH CT	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PIZZUTO, SAMUEL	
STREET ADDRESS	18605 ORIOLE RD	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33907	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6701 MEDLAR DR.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5317 CHIPPENDALE CIRCLE	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	18330 TELEGRAPH CREEK LANE	
CITY-ST-ZIP	ALVA, FL 33920	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13800 HICKORY RUN LANE	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)