

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P92000011074

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: PRESTRESS SYSTEMS OF FLORIDA, INC.

Current Principal Place of Business:

16603 OLD US 41
FT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

16603 OLD US 41
FT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 65-0375191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSTON, THEODORE
11547 CHARLIES TERRACE
FT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSTON, THEODORE
Address: 11547 CHARLIES TERRACE
City-St-Zip: FORT MYERS, FL 33907

Title: VD () Delete
Name: VAN HOOK, JAY
Address: 6701 MEDLAR DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: STD () Delete
Name: GEIST, TRISH J.
Address: 5317 CHIPPENDALE CIRCLE
City-St-Zip: FORT MYERS, FL 33919

Title: VD () Delete
Name: MORGAN, DENNIS
Address: 18330 TELEGRAPG CREEK LANE
City-St-Zip: ALVA, FL 33920

Title: VD () Delete
Name: PIZZUTO, SAMUEL
Address: 13800 HICKORY RUN LANE
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRISH J. GEIST

STD

04/30/2002

Electronic Signature of Signing Officer or Director

_____ Date