

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91055 044 ***150.00

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DOCUMENT # P93000087204

1. Entity Name

PRESTIGE HOMES OF BREVARD, INC.



Principal Place of Business

3755 PONDEROSA ROAD
VALKARIA FL 32950
US

Mailing Address

3755 PONDEROSA RD
VALKARIA FL 32950
US

2. Principal Place of Business

2115 Palm Bay Rd NE
Suite 7

3. Mailing Address

2115 Palm Bay Rd NE
Suite 7

City & State

Palm Bay FL

City & State

Palm Bay FL

Zip

32905

Country

USA

Zip

32905

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3214686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALES, JOHN R
821 HANAU AVE. N.W.
PALM BAY FL 32907

7. Name and Address of New Registered Agent

Name

John Wales

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

2115 Palm Bay Rd NE Suite 7

City

Palm Bay

FL

Zip Code

32905

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

John Wales John Wales, Registered Agent

4/9/03

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	P	<input type="checkbox"/> Delete
NAME	WALES, JOHN R.	
STREET ADDRESS	821 HANAU AVE NW	
CITY-ST-ZIP	PALM BAY FL	
TITLE	VPTS	<input type="checkbox"/> Delete
NAME	PAGLIARULO, MARK J.	
STREET ADDRESS	3755 PONDEROSA RD	
CITY-ST-ZIP	VALKARIA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wales, John R	
STREET ADDRESS	2115 Palm Bay Rd NE Suite 7	
CITY-ST-ZIP	Palm Bay FL 32905	
TITLE	D/VP/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pagliarulo, Mark J.	
STREET ADDRESS	2115 Palm Bay Rd. NE Suite 7	
CITY-ST-ZIP	Palm Bay FL 32905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

John Wales John Wales, President

(321) 952-0303
768-8722

Date

Daytime Phone #

CR2E034 (10/02)