

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90082 009 ***150.00

DOCUMENT # P94000004349

1. Entity Name

PRESLEY CONSULTANTS, INC.

Principal Place of Business

6800 N ORAGNE BLOSSOM TRAIL
 SUITE 100
 ORLANDO, FL 32810
 US

Mailing Address

6800 N ORAGNE BLOSSOM TRAIL
 SUITE 100
 ORLANDO FL 32810
 US

2. Principal Place of Business

4500 Seaboard Rd.

Suite, Apt. #, etc.

Suite C

City & State

Orlando, FL

Zip

32808

Country

USA

3. Mailing Address

4500 Seaboard Rd.

Suite, Apt. #, etc.

Suite C

City & State

Orlando, FL

Zip

32808

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3219203

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DRORES, HARRIS N ATTY
 200 EAST ROBINSON ST
 SUITE 12590
 ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Dviores, Harris N. Atty

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

5141 Garlanger Trail

City

Oviedo

FL

Zip Code

32765

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

Harris N. Dviores

Harris N. Dviores

4/24/02
 DATE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 PD
 NAME PRESLEY, NED H III
 STREET ADDRESS 671 OAK HOLLOW WAY
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE ST
 NAME PRESLEY, HELEN M
 STREET ADDRESS 671 OAK HOLLOW WAY
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ 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

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 Altamonte Springs, FL 32714 ☒ Change ☐ Addition

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

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

CR2E034 (9/01)

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 (407) 292-4900
 Date Daytime Phone #