

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000050809

1. Entity Name
PRESNELL, INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90138 045 ***150.00

Principal Place of Business

2093 CR 30
PORT ST JOE FL 32456
US

Mailing Address

2093 STATE ROAD 30
PORT ST JOE FL 32457
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 **59-3260303**

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

PRESNELL, JOHN B
2093 CR 30
PORT ST JOE FL 32456

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PRESNELL, LEWIS O	
STREET ADDRESS	5502 TRAVIS RD.	
CITY-ST-ZIP	GREENWOOD IN 46143	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRESNELL, JOHN B	
STREET ADDRESS	CR 30, BOX 2093	
CITY-ST-ZIP	PORT ST. JOE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRESNELL, PRESTON P	
STREET ADDRESS	CR 30 BOX 1953	
CITY-ST-ZIP	PORT ST. JOE 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
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-01 850-584-1856

Date

Daytime Phone #

CR2E034 (10/00)