

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 19, 2000 8:00 am**
Secretary of State

01-19-2000 90171 022 ***150.00

DOCUMENT # P95000018409

1. Entity Name

PRESTIGE PROPERTIES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

665 ASTARAS CR
FT. MYERS FL 33919
US

Mailing Address

P.O. BOX 61127
FT. MYERS FL 33906-1127
US**00004629**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13174 Regent Cir
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 61127
Suite, Apt. #, etc.

City & State

FT. MYERS, FL

City & State

FT. MYERS FL

4. FEI Number

65-0561328

Applied For

Not Applicable

Zip

33912

Country

USA

Zip

FL

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

BARGER, G W
665 ASTARIAS CIRCLE S.W.
FT. MYERS FL 33919

7. Name and Address of New Registered Agent

Name

G. W. BARGER

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

13174 REGENT Circle

City

FT. MYERS

FL

Zip Code

33912

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

G. William Barger V.P.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-009. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DVP**
STREET ADDRESS **BARGER, G W**
CITY-ST-ZIP **665 ASTARIAS CIRCLE S.W.**
FT. MYERS FLTITLE ☐ Delete
NAME **DP**
STREET ADDRESS **BARGER, GLENN W JR**
CITY-ST-ZIP **13232 BADVLIFTE**
FT. MYERS FL 33912TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

G. William Barger

Date

1-11-00

Daytime Phone #

CR2E034 (9/99)