

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027592

1. Entity Name

PREFERRED REAL ESTATE GROUP, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90039 041 ***150.00

Principal Place of Business

212 SAN MARCO AVE
SUITE B
SAINT AUGUSTINE FL 32084
US

Mailing Address

212 SAN MARCO AVE
SUITE B
SAINT AUGUSTINE FL 32084
US

2. Principal Place of Business

~~150 WARREN CIRCLE, SUITE 1~~

3. Mailing Address

~~150 WARREN CIRCLE, SUITE 1~~

Suite, Apt. #, etc.

SUITE 1

Suite, Apt. #, etc.

SUITE 1

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32259

Country

ST. JOHNS

Zip

32259

Country

ST. JOHNS

4. FEI Number

59-3371383

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JENNINGS, JUDITH C
3930 SAN JOSE PARK DR
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name JENNINGS, JUDITH C.

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

150 WARREN CIRCLE

SUITE 1

City JACKSONVILLE

FL

Zip Code

32259

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

Judith C. Jennings, Broker/Owner

04/05/01

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

TITLE	D	<input type="checkbox"/> Delete
NAME	JENNINGS, JUDITH C	
STREET ADDRESS	3930 SAN JOSE PARK DR	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	JENNINGS, JUDITH C.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	150 WARREN CIRCLE, SUITE 1	
STREET ADDRESS	JACKSONVILLE, FL 32259	
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		
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:

Judith C. Jennings

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/01

Date

904-739-3800

Daytime Phone #

CR2E034 (10/00)