

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90095 023 ***150.00

419078



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000042310

1. Entity Name

PREFERRED PRICING INCORPORATED

Principal Place of Business

**816 MANATEE AVE E. STE 5
 BRADENTON FL 34208**

Mailing Address

**816 MANATEE AVE E. STE 5
 BRADENTON FL 34208**

2. Principal Place of Business

9887 4th ST. North

3. Mailing Address

9887 4th ST. North

Suite, Apt. #, etc.

Suite 308

Suite, Apt. #, etc.

Suite 308

City & State

ST. Petersburg, FL

City & State

ST. Petersburg, FL

Zip

33702

Country

USA

Zip

33702

Country

USA

4. FEI Number

59-3379008

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GOVAN, JAN

**6500 CENTRAL AVENUE
 ST. PETERSBURG FL 33707**

7. Name and Address of New Registered Agent

Name

JAN T. GOVAN, ESQ.

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

542 BAY AVE

City

Clearwater

FL

Zip Code

33756

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, 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 **S** ☐ Delete
 NAME **GOVAN, JAN**
 STREET ADDRESS **6500 CENTRAL AVENUE**
 CITY-ST-ZIP **ST. PETERSBURG FL 33707**

TITLE **P** ☐ Delete
 NAME **BUTLER, CHARLES**
 STREET ADDRESS **816 MANATEE AVE E, STE 5**
 CITY-ST-ZIP **BRADENTON FL 34208**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Secretary** ☒ Change ☐ Addition
 NAME **JAN T. GOVAN, ESQ.**
 STREET ADDRESS **542 BAY AVE**
 CITY-ST-ZIP **Clearwater, FL 33756**

TITLE **President** ☒ Change ☐ Addition
 NAME **Charles R Butler**
 STREET ADDRESS **9887 4th ST. North, Suite 308**
 CITY-ST-ZIP **ST. Petersburg, FL 33702**

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

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

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

TITLE ☐ 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:

Charles R. Butler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/5/02 727-526-3939
 Daytime Phone #

CP2E034 (9/01)