

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018497

1. Entity Name

PRESTIGE PROPERTIES (SARASOTA) INC.

FILED

Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90042 016 ***150.00

Principal Place of Business

Mailing Address

1301 EWING STREET
NOKOMIS FL 34275
US

1301 EWING STREET
NOKOMIS FL 34275
US

2. Principal Place of Business

678 Capistrano Drive

Suite, Apt. #, etc.

3. Mailing Address

678 Capistrano Drive

Suite, Apt. #, etc.

City & State
NOKOMIS, FLORIDA

City & State
NOKOMIS, FLORIDA

4. FEI Number

59-3430095

Applied For

☒ Not Applicable

Zip 34275

Country

Zip 34275

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOYLE, MARTIN
1301 EWING STREET
NOKOMIS FL 34275

7. Name and Address of New Registered Agent

Name

DOYLE, MARTIN

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

678 Capistrano Drive

City

NOKOMIS

FL

Zip Code 34275

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.

MARTIN DOYLE

02/10/2000

DATE

(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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	P/D	DOYLE, MARTIN	1301 EWING STREET NOKOMIS FL 34275	<input type="checkbox"/>			678 Capistrano Drive NOKOMIS, FL 34275		<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>

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

MARTIN DOYLE

2/10/2000 (941) 486-9019

Date

Daytime Phone #