

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019659

1. Entity Name  
PRESTIGE MANAGEMENT GROUP, INC.

Principal Place of Business

6258 PRESIDENTIAL CT.  
102  
FORT MYERS FL 33919  
US

Mailing Address

6258 PRESIDENTIAL CT.  
102  
FORT MYERS FL 33919  
US

2. Principal Place of Business

14020 Palm Bch Blvd

Suite, Apt. #, etc.

3. Mailing Address

14020 Palm Bch Blvd

Suite, Apt. #, etc.

City & State

FT MYERS FL

City & State

FT MYERS, FL

Zip

33905

Country

LEE

Zip

33905

Country

LEE

4. FEI Number

65-0749551

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MAROTI, EDWARD L SR  
21620 N RIVER ROAD  
ALVA FL 33920

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.

EDWARD L. MAROTI SR

4-4-02

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, 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (9/01)

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
MAROTI, EDWARD L SR  
21620 N RIVER ROAD  
ALVA FL 33920

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

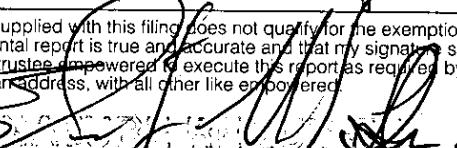
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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

4-4-02 239-590-9812

Date

Daytime Phone #