

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90233 026 \*\*\*150.00

**DOCUMENT # P97000042416****1. Entity Name**  
**PICERNE ANACUITAS MANOR ASSOCIATES, INC.****Principal Place of Business**  
**247 NORTH WESTMONTE DRIVE**  
**ALTAMONTE SPRINGS FL 32714****Mailing Address**  
**247 NORTH WESTMONTE DRIVE**  
**ALTAMONTE SPRINGS FL 32714****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number** **59-3446824**Applied For  
Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐**\$8.75 Additional**  
**Fee Required****6. Name and Address of Current Registered Agent****COSTOLO, W. TERRY ESQ**  
**215 NORTH EOLA DRIVE**  
**ORLANDO FL 32801****7. Name and Address of New Registered Agent****Name** **Costolo, W. Terry, Esq.****Street Address (P.O. Box Number is Not Acceptable)****301 E. Pine St., Ste. 1400****City** **Orlando****FL****Zip Code** **32801****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****4-25-02****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** ☐ **\$5.00 May Be**  
**Trust Fund Contribution.** ☐ **Added to Fees****11. OFFICERS AND DIRECTORS****TITLE** **PDT** ☐ Delete  
**NAME** **PICERNE, ROBERT M**  
**STREET ADDRESS** **247 N WESTMONTE DR**  
**CITY-ST-ZIP** **ALTAMONTE SPRINGS FL 32714****TITLE** **VP** ☐ Delete  
**NAME** **WALKER, DWAYNE**  
**STREET ADDRESS** **247 N WESTMONTE DR**  
**CITY-ST-ZIP** **ALTAMONTE SPRINGS FL 32714****TITLE** **VPS** ☐ Delete  
**NAME** **ERICH, JACK W**  
**STREET ADDRESS** **247 N WESTMONTE DR**  
**CITY-ST-ZIP** **ALTAMONTE SPRINGS FL 32714****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** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
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**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:****SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/25/02** **407-772-0200**  
Date Daytime Phone #

CR2E034 (9/01)