

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90156 013 ***150.00

DOCUMENT # P97000043913

1. Entity Name
PREFERRED BAY MANAGEMENT, INC.



Principal Place of Business
5611 DAIRY BARN LANE
GRACEVILLE FL 32440
US

Mailing Address
5611 DAIRY BARN LANE
GRACEVILLE FL 32440
US



2. Principal Place of Business
5611 DAIRY BARN LANE
Suite, Apt. #, etc.

3. Mailing Address
5611 DAIRY BARN LN,
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
GRACEVILLE FL,

City & State
GRACEVILLE FL,

4. FEI Number **59-3451568**

Applied For
☐ Not Applicable

Zip
32440

Country
USA

Zip
32440

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CICIN, VELEMIK
5611 DAIRY BARN LANE
GRACEVILLE FL 32440

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Velemir Cicin* **4-15-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CICIN, VELEMIK**
STREET ADDRESS **5611 DAIRY BARN LN**
CITY-ST-ZIP **GRACEVILLE FL 32440**

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

TITLE **T** ☐ Delete
NAME **CICIN, SPAZENJA**
STREET ADDRESS **5611 DAIRY BARN LANE**
CITY-ST-ZIP **GRACEVILLE FL 32440**

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

TITLE **VP** ☐ Delete
NAME **CICIN, NICK**
STREET ADDRESS **5611 DAIRY BARN LANE**
CITY-ST-ZIP **GRACEVILLE FL 32440**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Velemir Cicin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03 850-263-5502
Date Daytime Phone #

CR2E034 (10/02)