

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052154

1. Entity Name

PRESIDENTIAL COURT PROPERTIES CORPORATION

Principal Place of Business

920. 1401 MANATEE AVE. W.
FL 34205

Mailing Address

STE. 920. 1401 MANATEE AVE. W.
BRADENTON FL 34205-6748

2. Principal Place of Business

601 12th Street West
Suite, Apt. #, etc.

3. Mailing Address

52 Summit Circle
Suite, Apt. #, etc.

City & State

BRADENTON, FLORIDA
34205 USA

City & State

Montreal, Canada
H3Y 1B3 Canada

DO NOT WRITE IN THIS SPACE
59-3572517

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUINLAN, JOHN V
STE. 920, 1401 MANATEE AVE. W.
BRADENTON FL 34205

7. Name and Address of New Registered Agent

JOHN V. QUINLAN
601 12th Street West
BRADENTON FL 34205

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 if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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, 2000 Fee will be \$350.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D CHAIR, JONATHAN 52 SUMMIT CIR. MONTREAL, CANADA H3Y 1B3	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

Jonathan Chair Apr 8/00 514-781-2251
Jonathan Chair June 13/00

FILED

00 JUN 22 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA