

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90113 019 ***150.00

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1. Entity Name
PICERNE SABLE POINT II 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 & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3478999

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**COSTOLO, W. TERRY ESQ
301 E PINE STREET
STE 1400
ORLANDO FL 32801**

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 _____
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	PTD	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<input type="checkbox"/> Delete	PICERNE, ROBERT M	247 NORTH WESTMONTE DRIVE	ALTAMONTE SPRINGS FL 32714				
	<input type="checkbox"/> Delete	VP	WALKER, DWAYNE	247 N WESTMONTE DR				
	<input type="checkbox"/> Delete	VPS	ERICH, JACK W	247 N WESTMONTE DR				
	<input type="checkbox"/> Delete							
	<input type="checkbox"/> Delete							
	<input type="checkbox"/> Delete							
	<input type="checkbox"/> Delete							

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: _____

NOTICE REQUIRED 24-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407 772 0200

CR2E034 (10/02)