

FILED

02 SEP 20 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000059859

1. Entity Name

PRIORITY DEVELOPERS, INC.

DO NOT WRITE IN THIS SPACE2. Principal Place of Business
16310 Avila Blvd.

Suite, Apt. #, etc.

3. Mailing Address
P. O. Box 271448

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa, FLCity & State
Tampa, FL4. FEI Number
59-3523076Applied For
Not ApplicableZip
33613Country
USAZip
33688-1448Country
USA5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

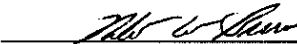
7. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**Name
Robert W. BivinsStreet Address (P.O. Box Number is Not Acceptable)
Fuller Holsonback Bivins & Malloy, P.A.
100 N. Tampa Street, Suite 2650

City Tampa FL Zip Code 33602

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



9/19/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	Streck, Fred C.	P. O. Box 271448	Tampa, FL 33688-1448

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/02

Date

Daytime Phone #

CR2E034B (12/01)