

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90091 033 ***150.00

DOCUMENT # P98000068218

1. Entity Name
PREFERRED OPTION, INC.

Principal Place of Business
 12620-5 BEACH BLVD
 JACKSONVILLE FL 32224

Mailing Address
 12620-5 BEACH BLVD
 JACKSONVILLE FL 32224

B0105548



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 10740 BEACH BLVD.
 Suite, Apt. #, etc.

3. Mailing Address
 12749 HUNT CLUB RD N
 Suite, Apt. #, etc.

City & State
 JACKSONVILLE, FL
 Zip 32246 Country USA

City & State
 JACKSONVILLE, FL
 Zip 32224 Country USA

4. FEI Number 58-2173801

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BATES, BARBARA B
 12620-5 BEACH BLVD
 JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name BATES, BARBARA B.
Street Address (P.O. Box Number is Not Acceptable) 12749 HUNT CLUB RD N
City JACKSONVILLE **FL** **Zip Code** 32224

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** _____

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 Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BATES, THOMAS W	
STREET ADDRESS	12620-5 BEACH BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	<input type="checkbox"/> Delete
NAME	BATES, BARBARA B	
STREET ADDRESS	12620-5 BEACH BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS W. BATES
STREET ADDRESS	12749 HUNT CLUB RD N
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA B. BATES
STREET ADDRESS	12749 HUNT CLUB RD N
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: THOMAS W. BATES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/02 904-645-6669
 Date Daytime Phone #

CR2E034 (9/01)