

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90149 009 ***150.00

DOCUMENT # P98000096152

1. Entity Name
PRETTY POND ACRES, INC.



Principal Place of Business
**34851 SR 54
SUITE 101
ZEPHYRHILLS FL 33541**

Mailing Address
**34851 SR 54
SUITE 101
ZEPHYRHILLS FL 33541**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3541722**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HILL, CARL D
35310 HWY. 54 W. 34851 S.R. 54 W Suite 101
ZEPHYRHILLS FL 33541**

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 **DP** ☐ Delete
NAME **HILL, CARL D**
STREET ADDRESS **35310 HWY. 54 W.**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **34851 S.R. 54 W Suite 101**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HILL, KIMBERLY A**
STREET ADDRESS **35310 HWY. 54 W.**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **34851 S.R. 54 W Suite 101**
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **RYMAN, NELSON L**
STREET ADDRESS **38819 OTIS ALLEN RD.**
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

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

TITLE **D** ☐ Delete
NAME **RYMAN, DOTTIE A**
STREET ADDRESS **38819 OTIS ALLEN RD.**
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

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

TITLE **ST** ☐ Delete
NAME **OSTERMANN, KEITH**
STREET ADDRESS **10439 LAMSON RD.**
CITY-ST-ZIP **DADE CITY FL 33525**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 or without other information.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/03 (813) 782-7705

CR2E034 (10/02)