

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

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90144 008 ***150.00

DOCUMENT # P98000106188

1. Entity Name
PRESTIGE PST CORP.



Principal Place of Business
**5104 N. ORANGE BLOSSOM TRAIL STE. 123
ORLANDO FL 32810**

Mailing Address
**5104 N. ORANGE BLOSSOM TRAIL STE. 123
ORLANDO FL 32810**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
5401 SKIRKMAN Rd

3. Mailing Address
PO BOX 276

Suite, Apt. #, etc.
#310

Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State
OCOE, FLORIDA

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip
32819

Country
ORANGE

Zip
34761

Country
ORANGE

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

6. Name and Address of Current Registered Agent

**HARDEN, LANICE S
513 WATERWAY CT.
OCOE FL 34761**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBBINS, DEBBIE
1018 AUTUMN LEAF DR.
WINTER GARDEN FL 34787** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBBINS, RICK
1018 AUTUMN LEAF DR.
WINTER GARDEN FL 34787** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARDEN, LANICE
5104 N. ORANGE BLOSSOM TRAIL STE. 123
ORLANDO FL 32810** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
**513 WATERWAY CT
OCOE, FL 34761**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARDEN, TOM
5104 N. ORANGE BLOSSOM TRAIL STE. 123
ORLANDO FL 32810** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
**513 WATERWAY CT
OCOE, FL 34761**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03 407.654-0426

Date

Daytime Phone #

CR2E034 (10/02)