


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. | |

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|---|---|
| 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 |
|---|---|

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|--|--|
| 2. Principal Place of Business 5401 SKIRKMAN Rd Suite, Apt. #, etc. #310 | 3. Mailing Address PO BOX 276 Suite, Apt. #, etc. |
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|---------------------------------------|--|
| City & State ORLANDO FL | City & State OCOE, FLORIDA |
| Zip 32819 | Country ORANGE |
| Zip 34761 | Country ORANGE |

| | |
|---|---|
| 4. FEI Number NOT APPLICABLE | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |



CHECK HERE IF MAKING CHANGES

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBBINS, DEBBIE 1018 AUTUMN LEAF DR. WINTER GARDEN FL 34787 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBBINS, RICK 1018 AUTUMN LEAF DR. WINTER GARDEN FL 34787 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARDEN, LANICE 5104 N. ORANGE BLOSSOM TRAIL STE. 123 ORLANDO FL 32810 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARDEN, TOM 5104 N. ORANGE BLOSSOM TRAIL STE. 123 ORLANDO FL 32810 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 513 WATERWAY CT OCOE, FL 34761 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 513 WATERWAY CT OCOE, FL 34761 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **3/17/03** **407-654-0426**
Date Daytime Phone #

CR2E034 (10/02)