

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107479

1. Entity Name

PRESTIGE PROPERTIES OF PENSACOLA INC.

Principal Place of Business

6706 N 9TH AVENUE SUITE D 22
PENSACOLA FL 32504

Mailing Address

6706 N 9TH AVENUE SUITE D 22
PENSACOLA FL 32504

2. Principal Place of Business

6706 N. 9TH AVENUE

3. Mailing Address

6706 N. 9TH AVE

Suite, Apt. #, etc.

SITE C-4

Suite, Apt. #, etc.

SUITE C-4

City & State

PENSACOLA FL

City & State

PENSACOLA FL 3

Zip

32504

Country

ESCAMBIA

Zip

32504

Country

ESCAMBIA

6. Name and Address of Current Registered Agent

MOORE, GLADYS B
8319 PILGRIM ROAD
PENSACOLA FL 32514

4. FEI Number

59-3561927

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

M. SUZANNE DUTOIT

Street Address (P.O. Box Number is Not Acceptable)

3224 QUIET WATER LANE

City

GULF BREEZE

FL

Zip Code

32561

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

(Not Registered Agent signature required when reinstating)

DATE

4/25/01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	NYLUND, CLARENCE J	
STREET ADDRESS	4338 CROSSWINDS DR	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	NYLUND, PATRICIA	<input type="checkbox"/> Delete
NAME	4338 CROSSWINDS DR	
STREET ADDRESS	MILTON FL 32583	
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	M. SUZANNE DUTOIT	
STREET ADDRESS	3224 QUIET WATER LANE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
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 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	
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 or without other like empowered.

SIGNATURE:

CLARENCE J. NYLUND Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

Day

PR 969-1300

Daytime Phone #

CR2E034 (10/00)

0032596

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90087 039 ***150.00

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DO NOT WRITE IN THIS SPACE