

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90113 043 \*\*\*158.75

**DOCUMENT # P99000000573**

1. Entity Name  
**PRESTIGE BUILDINGS & CARPORTS, INC.**

Principal Place of Business      Mailing Address  
**3720 S. PINE AVE.**      **3720 S. PINE AVE.**  
**OCALA FL 34471**      **OCALA FL 34471-6609**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3552669**      Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**MAXWELL, HAROLD R**  
**14455 SE 107TH TERR.**  
**SUMMERFIELD FL 34491**

7. Name and Address of New Registered Agent  
 Name **IMRE ANDREW CSEpany**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3439 SE 26<sup>TH</sup> CT.**  
 City **OCALA**      FL      Zip Code **34471**

8. The above named entity permits the use of the purposes of the corporation to be registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Harold R. Maxwell**      *Imre Andrew Csepány*      **1-10-00**  
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.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>PRICE, MORRIS M</b> <b>13354 SE 106TH CT.</b> <b>OCKLAWAHA FL 32179</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>IMRE ANDREW CSEpany</b> <b>3439 SE 26 CT</b> <b>OCALA FL 34471</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>MAXWELL, HAROLD R</b> <b>14455 SE 107TH TERR.</b> <b>SUMMERFIELD FL 34491</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Imre Andrew Csepány*      **IMRE ANDREW CSEpany**      **2/1/2000**      **352 3686693**  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E034 (9/99)