

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

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90773 014 \*\*\*150.00

**DOCUMENT #** P99000014933  
1. Entity Name

Preferred Properties of Okeechobee Realty, Inc. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2010 N.W. 6th Street  
Suite, Apt. #, etc.

3. Mailing Address  
2010 N.W. 6th Street  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Okeechobee, Fl		City & State Okeechobee, Fl		4. FEI Number 650901702	Applied For Not Applicable
Zip 34972	Country USA	Zip 34972	Country USA	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Kathleen A. Godwin  
Street Address (P.O. Box Number is Not Acceptable)  
2010 N.W. 6th Street  
City  
Okeechobee FL Zip Code  
34972

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. (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.  (See criteria on back)

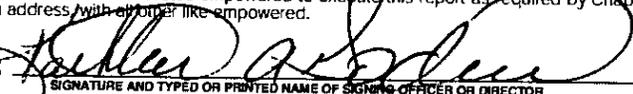
**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President/Owner Kathleen A. Godwin 2010 NW 6th Street Okeechobee, Florida 34972	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with or without power of attorney.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 4/22/02  
Daytime Phone #: 863-763-8222

CR2E034B (12/01)