

**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

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip

34972

Country

USA

Zip

34972

Country

USA

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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**DO NOT WRITE
IN THIS SPACE**

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

4/22/02 863-263-2222
Date Daytime Phone #

CR2E034B (12/01)