

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90495 023 ***150.00

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1. Entity Name
ROBERT PRESTON ENTERPRISES, INC.



Principal Place of Business
3975 NW 9TH AVE. #8
POMPANO BEACH FL 33064

Mailing Address
1751 NE 28TH TERRACE
POMPANO BEACH FL 33062

10031028



2. Principal Place of Business
1751 NE 28TH TERR.
Suite, Apt. #, etc.

3. Mailing Address
1751 NE 28TH TERR.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
POMPANO BEACH FL.

City & State
POMPANO BEACH FL.

4. FEI Number **65-0919210**

Applied For
Not Applicable

Zip
33062

Country
USA

Zip
33062

Country
USA

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

6. Name and Address of Current Registered Agent

ROBERT PRESTON ENT. INC.
1751 NE 28TH TERRACE
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name **D N A SAME**

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 *Robert Preston* **ROBERT PRESTON** **2/26/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D PRESTON, ROBERT	3975 NW 9TH AVE.	POMPANO BEACH FL 33064	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Robert Preston* **ROBERT PRESTON** **2-26-03** **954 295-0227**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)