

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90332 042 ***150.00

DOCUMENT # P99000064640

1. Entity Name

PREFERRED PROCESSING CENTER, INC.

Principal Place of Business

Mailing Address

**4201 BAYMEADOWS ROAD
 SUITE 2
 JACKSONVILLE FL 32217**

**4201 BAYMEADOWS ROAD
 SUITE 2
 JACKSONVILLE FL 32217**



2. Principal Place of Business

3. Mailing Address

150 WARREN CIRCLE

150 WARREN CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 2

SUITE 2

City & State

City & State

JACKSONVILLE, FL

JACKSONVILLE, FL

Zip

Country

Zip

Country

32259

USA

32259

USA

4. FEI Number

59-3589150

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JENNINGS, JUDITH C
 4201 BAYMEADOWS ROAD, STE. 2
 JACKSONVILLE FL 32217**

Name **JENNINGS, JUDITH C**

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

150 WARREN CIRCLE,

SUITE 2

City

JACKSONVILLE

FL

Zip Code

32259

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

Judith C Jennings
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/02

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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 all other like empowered.

SIGNATURE:

Judith C Jennings
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/02 904-739-3800

CR2E034 (9/01)