## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # V61546  1. Entity Name PREFERRED PROFESSIONAL PROPERTIES, INC.						FILED Sep 19, 2000 8:00 am Secretary of State 09-19-2000 90119 001 *1,500.00			
Principal Place of Business		Mailing Address		<u> </u>		0	9-19-2000 90119	,001 *1,500.0	)()
1603 INDIAN ROCKS RD LARGO FL 33774 US		1603 INDIAN ROCKS RD LARGO FL 33774 US				e 1 <b>00</b> 21 <b>0</b> 12 <b>0</b> 13	Dilar kada dala bisa sala	HAN BIÐN ÐYÐY BUNY A	(1011 <b>a</b> :617 1 <b>66</b> )
2. Principal Place of Business		3. Mailing Address		<del></del>					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				T NI BTIRW TON OD			
City & State		City & State		<b>4.</b> F	El Number	59-3149638	No	oplied For ot Applicable	
Zip	Country			<i>'</i>	j		status Desired	Fee Require	
	6. Name and Address of Current F	Registered Agent		Name -	7. N	lame and Ad	dress of New Registe	red Agent	
NAPIER, JAMES A JR 1603 INDIAN ROCKS RD LARGO FL 33774				Street Address (P.O. Box Number is Not Acceptable)					
	•		City				FL Zip Cod	le	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered	office or regis	stered age	ent, or both, ir	the State of Florida.		
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	: Registered A	gent signature requ	uired when re	instating)		)ATE	
•	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$75 Make Check Payable to Department of St				1	n Campaign Financing und Contribution.		00 May Be d to Fees
11.	OFFICERS AND I	DIRECTORS	12.		AD	DITIONS/CH	ANGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PAPPAGEORGE, VICKI G 2350 KINGS POINT DR LARGO FL 33774	☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS T-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NAPIER, JAMES A JR 2350 KINGS POINT DRIVE LARGO FL 33774	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		- Delete	NAME STREET CITY-S	ADORESS T-ZIP	. <u>.</u>	·	· -	☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS T-ZIP				☐ Change	☐ Addition
indicated of the cor	ertify that the information supplied with on this report or supplemental report is coration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that my wered to execute this report a	ıy signatur	re shall have t	he same l	egal effect as	if made under oath; th	hat I am an officer	r or director