

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000008015

**Entity Name:** PRESERVATION SOS, INC.

**Current Principal Place of Business:**

2720 PARK STREET  
SUITE 205  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

4045 E 14TH STREET  
LONG BEACH, CA 90804 US

**FEI Number:** 27-3330521

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WICKERSHAM, CHRISTOPHER WJR, ESQ  
2720 PARK STREET  
SUITE 205  
JACKSONVILLE, FL 32205 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            DP  
Name            LOPEZ, NICOLE  
Address        1533 IONIA STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title            DV  
Name            PRIOR, KIMBERLY  
Address        245 W. 5TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title            DS  
Name            WICKERSHAM, CHRISTOPHER W  
Address        1861 CHERRY STREET  
                  NO. 4  
City-State-Zip: JACKSONVILLE FL 32205

Title            DT  
Name            NICHOLS, DOUG  
Address        441 E 2ND ST  
City-State-Zip: JACKSONVILLE FL 32206

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NICOLE LOPEZ

**PRESIDENT**

**02/19/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date