

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000012172**1. Entity Name
CEDERMAN PROPERTIES, INC.Principal Place of Business
731 WESLEY AVE.
TARPON SPRINGS FL 34689Mailing Address
731 WESLEY AVE.
TARPON SPRINGS FL 346892. Principal Place of Business
3060 ALT. 19 N3. Mailing Address
3060 ALT 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALM HARBOR FLCity & State
PALM HARBOR FL4. FEI Number
59-3636654Applied For
Not ApplicableZip
34683

Country

Zip
34683

Country

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****CEDERMAN ERIC CHARLES**
2441 BLOSSOM LAKE DRIVE**HOLIDAY** FL
34691 US

Name

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.

SIGNATURE **ERIC C. CEDERMAN****04/12/2001**

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) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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**TITLE D CEDERMAN ERIC CHARLES ☐ Delete
NAME
STREET ADDRESS 2441 BLOSSOM WAY
CITY-ST-ZIP HOLIDAY FL 34691TITLE D CEDERMAN ERIC CHARLES ☒ Change ☐ Addition
NAME
STREET ADDRESS 2441 BLOSSOM LAKE DRIVE
CITY-ST-ZIP HOLIDAY FL 34691TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Eric C. Cederman**PRES****04/12/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)