

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000116458

1. Entity Name
UBILAM PROPERTIES, INC.



Principal Place of Business
**C/O DAVID G. BUDD
3033 RIVIERA DRIVE #201
NAPLES, FL 34103**

Mailing Address
**C/O DAVID G. BUDD
3033 RIVIERA DRIVE #201
NAPLES, FL 34103**



02252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0569113

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BUDD, DAVID G
3033 RIVIERA DRIVE
SUITE 201
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VS
NAME	BUDD, DAVID G
STREET ADDRESS	3033 RIVIERA DRIVE #201
CITY-STATE-ZIP	NAPLES, FL 34103
TITLE	DPT
NAME	STARMAN, SHELDON W
STREET ADDRESS	4099 TAMiami TRAIL N STE 400
CITY-STATE-ZIP	NAPLES, FL 34103
TITLE	V
NAME	DAVIS, JULIA M
STREET ADDRESS	9201 W. OLYMPIC BLVD., STE 200
CITY-STATE-ZIP	BEVERLY HILLS, CA 90212
TITLE	AS
NAME	LAPIN, DAVID A
STREET ADDRESS	9201 W. OLYMPIC BLVD., STE 200
CITY-STATE-ZIP	BEVERLY HILLS, CA 90212
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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03/04/05-80013-017 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

David G. Budd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/05 (239) 263-7700

Date

Daytime Phone #

DAVID G. BUDD, VICE PRESIDENT