


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90259 005 ***150.00

DOCUMENT # P96000002659

1. Entity Name
UNITED CAPITAL PROPERTIES, INC.



Principal Place of Business Mailing Address

4549-B TAMiami TRAIL **P.O. BOX 380921**
PORT CHARLOTTE FL 33980 **MURDOCK FL 33938-0921**

J4U1JJJB



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

3129 -D TAMiami TR **P.O. Box 380921**

Suite, Apt. #, etc. Suite, Apt. #, etc.

D

City & State City & State

Port Charlotte, FL **Murdoch, FL**

Zip Country Zip Country

33952 **USA** **33938** **USA**

4. FEI Number Applied For

65-0644542 Not Applicable

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

6. Name and Address of Current Registered Agent

PLATT, DANIEL B
4549-B TAMiami TRAIL
PORT CHARLOTTE FL 33980

7. Name and Address of New Registered Agent

Name **DANIEL B. PLATT**


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

3129 -D TAMiami TR

City State Zip Code

PORT CHARLOTTE **FL** **33952**

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  DATE **4/28/04**

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PST	PLATT, DANIEL	PO BOX 380921	MURDOCK FL 33938	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **DANIEL B. PLATT** **4/28/04** **941-255-1616**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #