

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086758

1. Entity Name

3-R-1 PROPERTIES, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90147 017 ***158.75

Principal Place of Business

Mailing Address

3612 - 24TH STREET, SE
 RUSKIN FL 33570
 US

3612 - 24TH STREET, SE
 RUSKIN FL 33570-6305
 US

2. Principal Place of Business

3. Mailing Address

101 American Center PL

3612 24th St SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 104

City & State
 Tampa, FL

City & State
 Ruskin, FL

Zip
 33619

Country
 USA

Zip
 33570

Country
 USA

4. FEI Number

59-3536693

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PYLE, TERRENCE F
 707 DEL WEBB BOULEVARD WEST
 SUN CITY CENTER FL 33573

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

[Signature]
 Signature, typed or printed name of registered agent and title if applicable.

Duraunta L. Smith 1/17/00
 (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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. 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	PD	<input type="checkbox"/> Delete
NAME	ALLENDER, TREBAL	
STREET ADDRESS	101 AMERICAN CENTER PL, SUITE 104	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JOHNSON, DAVID W	
STREET ADDRESS	9210 SILVER DOLLAR DRIVE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DURAUNTA L	
STREET ADDRESS	3612 - 24TH STREET, SE	
CITY-ST-ZIP	RUSKIN FL 33570	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allender, John R.	
STREET ADDRESS	101 American Center PL Suite 104	
CITY-ST-ZIP	Tampa, FL 33619	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00

813/630-7263
 Date Daytime Phone #