

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 465772

1. Entity Name

INVESTMENT PROPERTIES, INC.

*PLEASE CORRECT TYPO*

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90129 048 \*\*\*150.00

Principal Place of Business

1429 SR 14 AVE  
 Ocala FL 34471  
 US

Mailing Address

PO BOX 70396  
 Ocala FL 34470-0396  
 US  
**34478**

2. Principal Place of Business

**1429 SE 14 AVE**

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1622396**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REUSCHER, MARLENE  
 1308 NE 13 CIR  
 Ocala FL 34470

7. Name and Address of New Registered Agent

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, 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, 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

TITLE: PS  
 NAME: MATTHIES, ERIC  
 STREET ADDRESS: 1308 NE 13 CIR  
 CITY-ST-ZIP: Ocala FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: *P/S*  
 NAME: MATTHIES, ERIC  
 STREET ADDRESS: 1429 SR 14 AVE  
 CITY-ST-ZIP: Ocala, FL 34471

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/14/00* **852-732-0523**

Date

Daytime Phone #

CR2E034 (9/99)