2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Sep 06, 2000 8:00 am Secretary of State **DOCUMENT # 512726** 1. Entity Name INCOME PROPERTY CONSULTING OF NAPLES. INC. 09-06-2000 90089 024 ***550.00 Principal Place of Business Mailing Address 3255 N. TAMIAMI TR. 3255 N. TAMIAMI TR. A0075379 NAPLES FL 33940 NAPLES FL 33940 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1692238 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name _. CONROY, JOHN T. JR. Street Address (P.O. Box Number is Not Acceptable) 3255 TAMIAMI TRAIL NORTH NAPLES FL 33940 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 FILE NOW!!! FEE IS \$550.00. 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **PST** ☐ Delete TITLE TITLE NAME CONROY JR, JOHN T NAME TAMIAMI TR. N 3201 STREET ADDRESS STREET ADDRESS 3255 N. TAMIAMI TR. CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 00000 Addition TITLE ☐ Delete TITLE NAME NAME CHRISTESEN, JOHN D STREET ADDRESS STREET ADDRESS 3255 N. TAMIAMI TR. CITY-ST-7IP CITY-ST-ZIP NAPLES, FL 00000 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP 13. I hereby certify that the information supplies with this filing indicated on this report of supplemental seport is true and of the corporation or the receiver or trustee empowered by spes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director 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 aftachment with an address, with al 941261

attachment 100c#:512726 10075379

JOHN T. CONROY, JR., CCIM INCOME PROPERTY CONSULTING OF NAPLES 3201 TAMIAMI TRAIL NORTH NAPLES, FLORIDA 34103

PHONE: (941) 261-3400 FAX: (941) 261-7579

August 31, 2000

Division of Corporations P.O. Box 1500 Tallahassee, FL

Re: 59-16922328

Dear Reader of this letter:

In October, 1999, I changed the name of my company to that above, as well as the address.

I never received a 2000 Uniform Business Report prior to May 1; I did receive the second notice, only because someone at the old address brought it to me.

For some reason, the State of Florida did not pick up the *address change*, although it did change the name of the corporation. Consequently, I was forced to pay a late fee of \$400.00.

The correct check in the amount of \$550.00 is enclosed; however, I hereby request a refund of the \$400.00 late fee, insofar as I-did-not-receive the first-notice.—You will note that I-have paid the corporate tax prior to the due date since 1976, never having missed the May date.

Thank you for your consideration.

Sincergly

John T. Conroy, Jr., CCIM

President