

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90974 020 ***150.00

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DOCUMENT # 512726

1. Entity Name
INCOME PROPERTY CONSULTING OF NAPLES, INC.

Principal Place of Business Mailing Address

3201 N. TAMAMI TR. **3201 N. TAMAMI TR.**
NAPLES FL 34103 **NAPLES FL 34103**
US **US**

2. Principal Place of Business 3. Mailing Address

636 15TH AVE S **3838 636 15TH AVE S**

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

City & State City & State

NAPLES FL **NAPLES FL**

Zip Country Zip Country

34102 **34102**

4. FEI Number **59-1692238** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CONROY, JOHN T. JR.
3201 N. TAMAMI TR.
NAPLES FL 34103

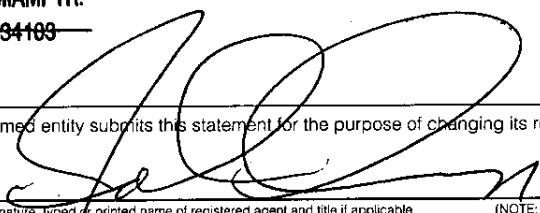
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
636 15TH AVE S

City **NAPLES FL** Zip Code **34102**

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  DATE **3-15-02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PST CONROY JR, JOHN T 3201 TAMAMI TRAIL NAPLES FL 34103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	636 15TH AVE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3838 TAMAMI TRAIL ST 402 NAPLES FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTESEN, JOHN D 3201 TAMAMI TRAIL NAPLES FL 34103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	636 15TH AVE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3838 TAMAMI TRAIL ST 402 NAPLES FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **DATE** **3-15-02** **Daytime Phone** **4941 761 3400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)