2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 519046 1. Entity Name "PREFERRED INVESTMENT PROPERTIES, INC."					Jan 29, 2000 8:00 am Secretary of State			
Principal Plac	ce of Business	Mailing Address		\dashv	01-23-2000 300.	51 014 150	.00	
3376 LAKE SHORE BLVD JACKSONVILLE FL 32210 US		3376 LAKE SHORE BLVD JACKSONVILLE FL 32210-5348 US						
2. Principal Place of Business 3376 HAKE SHORE BLVD. Suite, Apt. #, etc. City & State TACKSONVILLE, FL		3. Mailing Address 3376 LAKE SHORE BLVD. Suite, Apt. #, etc. City & State JACKSONVILLE, FL		<u> </u>	DO NOT WRITE IN THIS SPACE			
				4. FE	Number 59-1707042		Applied For Not Applicable	
32210		3Ja10	Country'	5. Ce	tificate of Status Desired	\$8.75 Fee Requ	Additional iired	
	6. Name and Address of Current	Registered Agent	Name	7. Na	ne and Address of New Rec	istered Agent		
BRONSON E. LAMB III 3376 LAKE SHORE BLVD JACKSONVILLE FL 32210				s (P.O. Box	Number is Not Acceptable)			
		•	· City .			FL Zip C	ode	
SIGNATURE . 9. This corporate that the state of the stat	Signature, typed or printed name of registered agent oration is eligible to satisfy its Intangible requirement and elects to do so.	and title if applicable. (NOTE:	Registered Agent signature requirements FEE IS \$150.00 Tee will be \$550.00	uired when reins 0 State	ating) 10. Election Campaign Finar Trust Fund Contribution.	DATE Date Date Ad	5.00 May Be	
11.	OFFICERS AND	DIRECTORS	12.	ADDI	TIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DETTLING, BARRIE B 3376 LAKE SHORE BLVD JACKSONVILLE FL 32210	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	ge	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DETTLING, EDWIN J 3376 LAKE SHORE BLVD JACKSONVILLE FL 32210	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chan	· .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, 5E,		Chang	ge , □ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	r	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	ge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	ge 🔲 Addition	
indicated of the cor	certify that the information supplied wit don this report or supplemental report rporation or the receiver or trustee emp , or on an attachment with an address,	s true and accurate and that my owered to execute this report a	/ eignature chall have th	ne same lec	ial effect as if made under oa	tn: that I am an offi	cer or director	