

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 676956

1. Entity Name

FIRST CENTURY PROPERTIES, INCORPORATED

Principal Place of Business

~~G/O JOHN G. IGOE~~~~250 ROYAL PALM WAY~~~~PALM BEACH FL 33480~~~~US~~

Mailing Address

~~G/O JOHN G. IGOE~~~~250 ROYAL PALM WAY~~~~PALM BEACH FL 33480~~~~US~~

2. Principal Place of Business

2326 S. Congress Ave.

Suite, Apt. #, etc.

2F

City & State

W. Palm Beach FL

Zip

33406-7614

Country

USA

3. Mailing Address

2326 S. Congress Ave.

Suite, Apt. #, etc.

2F

City & State

W. Palm Beach FL

Zip

33406-7614

Country

USA

6. Name and Address of Current Registered Agent

IGOE, JOHN G
250 ROYAL PALM WAY
STE 300
PALM BEACH FL 33480

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, 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

TITLE PD
NAME MASOTTI, RINO
STREET ADDRESS 1780 N TALBOT RD
CITY-ST-ZIP WINDSOR ONT, CAN 00000

☐ Delete

TITLE AS
NAME MCMAHON, FRANCIS J.
STREET ADDRESS 2326 S CONGRESS AVE 2F
CITY-ST-ZIP W. PALM BCH. FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francis J. McMahon

Date

Daytime Phone #

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90163 039 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2032103
Applied For
Not Applicable

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

0400396 AV

CR2E034 (9/01)