2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT#** F73579

1. Entity Name FOUR SQUARE PROPERTIES, INC.

**FILED** May 15, 2000 8:00 am Secretary of State 05-15-2000 90310 047 \*\*\*150.00

133-C	e of Business  E. E. PALMETTO PARK RATON, FL. 33432	BOCA R	X 4024 ATON, FL. 3429			
Principal Place of Business     3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 59 – 2232421	Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registere	d Agent	
SELBY, JOY A 133-C E. PALMETTO PARK RD. BOCA RATON, FL. 33432			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
			City		Zip Code	
8. The above	named entity submits this statement fo	r the purpose of changing it	s registered office or reg	istered agent, or both, in the State of Florida.		
	Signature, typed or printed name of registered agent or action is eligible to satisfy its intangible	Form the enterior value there, and broken date to	TE. Registered Agent signature red	quired when reinstating)  DATI  10. Election Campaign Financing		
Tax filing re	requirement and elects to do so.	After MAY 1, 2	000 Fee will be \$550. ble to Department of	Truet Fund Contribution	\$5.00 May Be Added to Fees	
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS A		
NAME STREET ADDRESS STY-ST-ZIP	P/D SELBY, RONALD E. 133-C E. PALMETT		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS	BOCA RATON, FL. VP/D SELBY, BRENT	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	
CITY-ST-ZIP TITLE NAME	133-C E. PALMETT BOCA RATON, FL.		CITY-ST-ZIP TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP	133-C E. PALMETTO PARK RD. CI		STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
ITLE NAME STREET ADORESS CITY-ST-ZIP	Soon Killon, 12.	33432 Delete	NAME STREET ADDRESS GITY-ST-ZIP	·	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	e que les propries de la constante de la const	☐ 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: RONALD E. SELBY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO