FILED

Feb 13, 2001 8:00 am Secretary of State

02-13-2001 90565 029 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9900003194

1. Entity Name

PORTLAND PROPERTIES LIMITED, INC.

1858 RINGLING BLVD	
1000 UNACTHAG DEAD	
CADACOTA EL DAGGO	

					
Principal Plac	ce of Business	Mailing Address			
1858 RINGLING SARASOTA FL		1858 RINGLING BLVD SARASOTA FL 34236			
2. Principal F	Place of Business	3. Mailing Address	····		
		<u> </u>			fs 00300 (310) (1010 1011) Esti (04)
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN TH	HIS SPACE
City & Stat	te	City & State		4. FEI Number 52-2174194	Applied For Not Applicable
Zip	Country	Zip	Country	. 5Certificate of Status Desired	\$8.75 Additional
	6. Name and Address of Curren	I Registered Agent	<u> </u>	7. Name and Address of New Registers	
			Name		
GLENDINNING, RENEA M 1858 RINGLING BLVD			Street Address	s (P.O. Box Number is Not Acceptable)	
SAH	RASOTA FL 34236				
		·	City		Zip Code
8. The above	named entity submits this statement f	or the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida.	
	•		· ·	<u> </u>	
SIGNATURE					
4-7-7	Signature, typed or printed name of registered agen	t and title if applicable. (NOT)	E: Registered Agent signature requir	red when reinstating) DAT	TE
Tax filing i	oration is eligible to satisfy its Intangibl requirement and elects to do so. ria on back)	After MAY 1, 20	!!! FEE IS \$150.00 001 Fee will be \$550.00 ble to Department of Si		\$5.00 May Be Added to Fees
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALLIFORD, MR. CECIL 1 PETWORTH CLOSE COULSDON SURREY ENGLAN	□ Delete D CR53E-W	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COOPER, LORRAINE 1 PETWORTH CLOSE COULSDON SURREY ENGLAN	Delete	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GLENDINNING, RENEA M 1858 RINGLING BLVD SARASOTA FL 34236	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE 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		☐ 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Keneam. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

365-460