

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G91669

1. Entity Name

PROPERTY PROFESSIONALS OF SARASOTA COUNTY, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90041 003 ***150.00

Principal Place of Business 1007 GOLF ST #200 SARASOTA FL 34239 US	Mailing Address 5620 HALF MOON LAKE RD TAMPA FL 33625-1309 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 200 South WASHINGTON BLVD Suite, Apt. #, etc. Suite 8 City & State SARASOTA, FL Zip 34236	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country SARASOTA
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4. FEI Number 59-2390692	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ZABLE, ELIZABETH A. 5620 HALF MOON LK RD TAMPA FL 33625
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ZABLE, ELIZABETH A. 5620 HALF MOON LAKE RD TAMPA FL <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
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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: Elizabeth A. Zable ELIZABETH A. ZABLE 4/12/00 (813) 960-7835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #