

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H 42841 (7)**

1. Entity Name
EAST FOURTH STREET PROPERTIES, INC.

FILED
01 JUN 25 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
C/O DAVID R BECKER C/O DAVID R BECKER
1847 NORTH STREET 1847 NORTH STREET
LONGWOOD FL 32750 LONGWOOD FL 32750

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
1847 NORTH STREET

City & State City & State
LONGWOOD FL

Zip Country Zip Country
32750 U.S.A.

4. FEI Number Applied For
37-540602 Not Applicable

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

00-01 UBR
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANGELA E BECKER
1847 NORTH ST
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City Zip Code
FL 32750

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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	PO	<input type="checkbox"/> Delete
NAME	BECKER, DAVID R.	
STREET ADDRESS	1847 NORTH ST	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	SO	<input type="checkbox"/> Delete
NAME	PLANTE, LOIS	
STREET ADDRESS	107 PEREGRINE CT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PLANTE, GEORGE	
STREET ADDRESS	107 PEREGRINE CT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BECKER, ANGELA E	
STREET ADDRESS	1847 NORTH STREET	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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****150.00 ****150.00

5/17/00 9/107/001 \$150.00

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: David R Becker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-2001 407-834-4920
Date Daytime Phone #

CR2E034 (1/1/00)