

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # H64404**1. Entity Name
FIRST CLASS PROPERTIES, INC.

Principal Place of Business	Mailing Address
1500 BEVILLE ROAD	1500 BEVILLE ROAD
SUITE 202	SUITE 202
DAYTONA BEACH	DAYTONA BEACH
32114 US FL	32114 US FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
59-2552699

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****ERISMAN MARTY H**
137 KEY COLONY COURT**DAYTONA BEACH SHORES** FL
32118

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 _____ **05/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	STDP	<input type="checkbox"/> Delete
NAME	ERISMAN MARTY	
STREET ADDRESS	137 KEY COLONY COURT	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ERISMAN MARTY H	
STREET ADDRESS	137 KEY COLONY COURT	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	

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

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

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: Marty Erisman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PD 05/26/2001

Date

Daytime Phone #

CR2E034 (11/00)