

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J22612

1. Entity Name

PROPERTY PLUS REAL ESTATE, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90315 037 \*\*\*150.00

Principal Place of Business

1131 W LAKE BRANTLEY RD  
ALTAMONTE SPRINGS FL 32714

Mailing Address

1131 W LAKE BRANTLEY RD  
ALTAMONTE SPRINGS FL 32714-2642

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

59-2935885

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HESSE, ERNEST J. SR.  
1131 W. LAKE BRANTLEY RD.  
ALTAMONTE SPRINGS FL 32714

Name Hesse, Harriet G.

Street Address (P.O. Box Number is Not Acceptable)

1131 W. Lake Brantley Rd.

City Altamonte Springs,

FL

Zip Code 32714

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

*Harriet G Hesse* HARRIET G HESSE - DIRECTOR 4/27/00

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

**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. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | P                       | <input checked="" type="checkbox"/> Delete |
| NAME           | HESSE, ERNEST, J. SR    |  |
| STREET ADDRESS | 1131 W LAKE BRANTLEY RD |  |
| CITY-ST-ZIP    | ALTAMONTE SPRINGS FL    |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          | DIRECTOR                | <input type="checkbox"/> Delete            |
| NAME           | HARRIET G. HESSE        |  |
| STREET ADDRESS | 100 BED FORD RD         |  |
| CITY-ST-ZIP    | ALTAMONTE SPRS FL 32714 |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | P                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Hesse, Harriet G.           |  |
| STREET ADDRESS | 1131 W. Lake Brantley Rd.   |  |
| CITY-ST-ZIP    | Altamonte Springs, FL 32714 |  |
| 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    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard W. Copeland, Per. Rep. Est. of Ernest J. Hesse, Sr.

Date

Daytime Phone #

CR2E034 (9/99)