

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90134 034 \*\*\*150.00

**DOCUMENT # J49769**

1. Entity Name  
**FLORIDA PROPERTY CONSULTANTS, INC.**

Principal Place of Business

Mailing Address

2836 5TH AVE N STE-101  
 SAINT PETERSBURG FL 33713  
 US

2836 5TH AVE N STE-101  
 SAINT PETERSBURG FL 33713  
 US

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 **59-2770398**

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

**DUNN, RICKY E**  
**527 LA PLAZA AVE SO**  
**ST. PETERSBURG FL 33707**

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DUNN, RICKY E</b>	
STREET ADDRESS	<b>527 LA PLAZA AVE SO</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33707</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HERTZ, GLORIA ANNE</b>	
STREET ADDRESS	<b>4860 108TH STREET NORTH</b>	
CITY-ST-ZIP	<b>MADEIRA BEACH FL 33708</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>GAYDOS, JOHN</b>	
STREET ADDRESS	<b>8231 44TH ST N</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL 34665</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Ricky E Dunn Pres.* **Ricky E Dunn** 1/11/01 727 861 2237  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)