

FILED
Jun 04, 2003 8:00 am
Secretary of State

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05-01-2003 90827 011 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>J53645</u>
1. Entity Name Cordele Properties, Inc.

DO NOT WRITE IN THIS SPACE

55046263

2. Principal Place of Business 200 Bus. Park Circle Suite, Apt. #, etc. Suite 101 City & State St. Augustine, FL Zip 32095	3. Mailing Address 200 Bus. Park Circle Suite, Apt. #, etc. Suite 101 City & State St. Augustine, FL Zip 32095
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4. FEI Number 59-2762170	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name	PATRICK MURPHY
Street Address (P.O. Box Number is Not Acceptable)	200 BUSINESS PARK CR.
	STE 101
City	ST. AUGUSTINE
FL	Zip Code 32095

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	D	TITLE	
NAME	Labar, James C.	NAME	
STREET ADDRESS	200 Business Park Circle	STREET ADDRESS	
CITY - ST - ZIP	St. Augustine, FL 32259	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	Murphy, Patrick	NAME	
STREET ADDRESS	200 Business Park Circle	STREET ADDRESS	
CITY - ST - ZIP	St. Augustine, FL 32259	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	Murphy, Michael A	NAME	
STREET ADDRESS	200 Business Park Circle	STREET ADDRESS	
CITY - ST - ZIP	St. Augustine, FL 32259	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #