

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90218 008 \*\*\*150.00

0595892 AV

**DOCUMENT # J58537**

1. Entity Name  
**C. J. PROPERTIES, INC.**



Principal Place of Business  
**100 SHORE DRIVE  
KISSIMMEE FL 34744  
US**

Mailing Address  
**1000 SHORE DR.  
KISSIMMEE FL 34744  
US**

2. Principal Place of Business  
**1746 GOLFOVIEW DR**  
Suite, Apt. #, etc.

3. Mailing Address  
**1746 GOLFOVIEW DR.**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**KISSIMMEE, FL**

City & State  
**KISSIMMEE, FL**

4. FEI Number **59-2773646**

Applied For  
Not Applicable

Zip **34746-3839** Country **USA**

Zip **34746-3839** Country **USA**

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

**SHIPE, JOHN R.  
1000 SHORE DRIVE  
KISSIMMEE FL 34744**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1746 GOLFOVIEW DR.**  
City **KISSIMMEE, FL** Zip Code **34746-3839**

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 *John R. Shipe* DATE 4/14/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHIPE, JOHN R.	
STREET ADDRESS	1000 SHORE DR.	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SHIPE, CECILIA	
STREET ADDRESS	1000 SHORE DR.	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROGALSKI, SUZAN C S	
STREET ADDRESS	14386 NOTTINGHAM WAY CIR	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHIPE, PAUL E	
STREET ADDRESS	1000 SHORE DR	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1746 GOLFOVIEW DR.	
CITY-ST-ZIP	KISSIMMEE, FL 34746-3839	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1746 GOLFOVIEW DR.	
CITY-ST-ZIP	KISSIMMEE, FL 34746-3839	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1746 GOLFOVIEW DR	
CITY-ST-ZIP	KISSIMMEE, FL 34746-3839	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John R. Shipe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/14/03  
Date

Daytime Phone #

CR2E034 (10/02)