2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K64089 **DOCUMENT #**

1. Entity Name

ST. JOHNS PROPERTIES, INC.

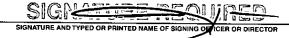


FILED Feb 18, 2003 8:00 am Secretary of State 02-18-2003 90099 037 ***150.00

						GOD WE THO					
Principal Place of Business 1650 NE 26TH ST. STE 101 FT LAUDERDALE FL 33305-1431			Mailing Address 1650 NE 26TH ST, STE 101 FT LAUDERDALE FL 33305-1431				! I BERENIT EIS BINK BREIT ABIEL (BUI		1 11 2 1011 1 1011	#1841 #1844 1884	
US 2. Principal (Place of Business	US				_					
z. Principal i	riace of Business	3. Mailing Address					1 :80:014: B:0 BILL B:01: 80:01 CO		#11 B18[1 619]1	#f### ##### 1 # ##	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & Star	te	City & State				4.	4. FEI Number 65-0095728			pplied For	
Zip Country			Zip C			ountry		. Certificate of Status Desired		\$8.75 Ac	
6. Name and Address of Current Re				egistered Agent			7.	. Name and Address of New Re		,	ea
			- -			Name				<u> </u>	
	MES O., JR.	Stre			Street Addres	t Address (P.O. Box Number is Not Acceptable)					
1650 NE	26TH ST										
STE 101											
FT LAUDE	erdale fl 333				City		F			de	
8. The above the obligat	e named entity su tions of registere	bmits this statement for diagent.	the purpo	se of changing its	registere	d office or regis	stered a	agent, or both, in the State of Flori	da. I am f	amiliar with	, and accept
SIGNATURE .		inted name of registered agent an	nd title if applic	cable. (NOTE	: Registered	Agent signature requ	uired when	n reinstating)	DATE	<u> </u>	
F Âfte	****				Election Campaign Final Trust Fund Contribution.			00 May Be			
10.	A Payable to Pi	orida Department of									
TITLE	D	OFFICERS AND D	IRECTOR	Delete	11, TITLE	r	A	ADDITIONS/CHANGES TO OFFIC	ERS AND		
NAME	BIRR, JEFFRE	Y M.		L_J Delete	NAME	i				Change	☐ Addition
STREET ADDRESS 1650 NE 26TH STREET SUITE 101			STF			T ADDRESS				,	
CITY-ST-ZIP		RDALE FL 33305			CITY-S	ST-ZIP					
TITLE	PS IFFE	77. 14		Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	BIRR, JEFFRE	:† M H STREET SUITE 101	1		NAME	ADDRESS					
CITY-ST-ZIP FORT LAUDERDALE FL 33305			,		CITY-S			•			
TITLE				- Delete	=7//LE-					Change	Addition
NAME					NAME						
STREET ADDRESS CITY-ST-ZIP						ADDRESS					
					CITY-S	ST-ZIP					
TITLE NAME				☐ Delete	TITLE	1				☐ Change	Addition
STREET ADDRESS					NAME STREET	ADDRESS					
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TITLE				☐ Delete	TITLE					☐ Change	Addition
NAME					NAME					_ •	
STREET ADDRESS CITY-ST-ZIP						ADDRESS					
		<u>_</u>			CITY-S	1-ZiP					
TITLE NAME				☐ Delete	TITLE					Change	☐ Addition
STREET ADDRESS					NAME STREET	ADDRESS					
CITY-ST-ZIP					CITY-S						
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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:



239-261-4455