

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K65529

1. Entity Name

PROPERTY FIRST MANAGEMENT, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90209 010 \*\*\*150.00

728970



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 11323 DISTRIBUTION AVE E 11323 DISTRIBUTION AVE E  
 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256-2738  
 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 **59-2942719** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent  
**BUTTS, SUE K**  
**11323 DISTRIBUTION AVE E**  
**JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent  
 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, 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' INFORMATION |                              |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                              |  |
|---|------------------------------|--|---|------------------------------|--|
| TITLE                                   | DVT                          | <input type="checkbox"/> Delete            | TITLE   |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                    | BUTTS, FRED H                |  | NAME  |                              |  |
| STREET ADDRESS                          | 11323 DISTRIBUTION AVENUE E  |  | STREET ADDRESS  |                              |  |
| CITY-ST-ZIP                             | JACKSONVILLE FL              |  | CITY-ST-ZIP   |                              |  |
| TITLE                                   | S                            | <input checked="" type="checkbox"/> Delete | TITLE   |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                    | ROSILYN V. DUPONT            |  | NAME  |                              |  |
| STREET ADDRESS                          | 11323 DISTRIBUTION AVENUE E. |  | STREET ADDRESS  |                              |  |
| CITY-ST-ZIP                             | JACKSONVILLE FL              |  | CITY-ST-ZIP   |                              |  |
| TITLE                                   | P                            | <input type="checkbox"/> Delete            | TITLE   | Secretary                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                    | BUTTS, SUE K.                |  | NAME  |                              |  |
| STREET ADDRESS                          | 11323 DISTRIBUTION AVENUE E. |  | STREET ADDRESS  |                              |  |
| CITY-ST-ZIP                             | JACKSONVILLE FL              |  | CITY-ST-ZIP   |                              |  |
| TITLE                                   |                              | <input type="checkbox"/> Delete            | TITLE   | President                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                    |                              |  | NAME  | Justin R. Clark              |  |
| STREET ADDRESS                          |                              |  | STREET ADDRESS  | 11323 Distribution Avenue E. |  |
| CITY-ST-ZIP                             |                              |  | CITY-ST-ZIP   | Jacksonville, FL 32256       |  |
| TITLE                                   |                              | <input type="checkbox"/> Delete            | TITLE   |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                    |                              |  | NAME  |                              |  |
| STREET ADDRESS                          |                              |  | STREET ADDRESS  |                              |  |
| CITY-ST-ZIP                             |                              |  | CITY-ST-ZIP   |                              |  |
| TITLE                                   |                              | <input type="checkbox"/> Delete            | TITLE   |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                    |                              |  | NAME  |                              |  |
| STREET ADDRESS                          |                              |  | STREET ADDRESS  |                              |  |
| CITY-ST-ZIP                             |                              |  | 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: *Sue K Butts* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 04/25/00 Date 904 886-9510 Daytime Phone #

CR2E034 (9/99)