

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L25991

1. Entity Name  
**INCOME FUND TRUSTEE, INC.**

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

03-23-2001 90021 028 \*\*\*150.00

Principal Place of Business <b>1834 HERMITAGE BLVD. SUITE 201 TALLAHASSEE FL 32308</b>	Mailing Address <b>1834 HERMITAGE BLVD. SUITE 201 TALLAHASSEE FL 32308</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2019 Centre Pointe Blvd</b> Suite, Apt. #, etc. <b>Suite 101</b>	3. Mailing Address <b>2019 Centre Pointe Blvd</b> Suite, Apt. #, etc. <b>Suite 101</b>
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City & State <b>Tallahassee, FL</b>	City & State <b>Tallahassee, FL</b>
Zip <b>32308</b>	Zip <b>32308</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**MOTTICE, JAY H  
1834 HERMITAGE BLVD.  
SUITE 201  
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**2019 Centre Pointe Blvd**  
**Suite 101**  
City  
**Tallahassee** **FL** Zip Code  
**32308**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS MOTTICE, JAY 1834 HERMITAGE BLVD., SUITE 201 TALLAHASSEE FL 32308</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2019 Centre Pointe Blvd., Suite 101 Tallahassee, FL 32308</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS MOTTICE, JOHN P. 1834 HERMITAGE BLVD., SUITE 201 TALLAHASSEE FL 32308</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2019 Centre Pointe Blvd., Suite 101 Tallahassee, FL 32308</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 time empowered.

SIGNATURE: *Jay Mottice* **2/26/01** **850-386-2117**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)