2000 UNIFORM BUSINESS REPORT (UBR)

6/1 6/1

FILED
Aug 30, 2000 8:00 am
Secretary of State
06-12-2000 90001 043 ***150.00

DOCUMENT # L44853

1. Entity Name
C.A.N. PROPERTIES, INC. R

Principal Place of Business
211 CRYSTAL GROVE BLVD.
Suite 102
LUTZ, FL 33549

Mailing Address
(SAME)

2. Principal Place of Business	3. Mailing Address
211 CRYSTAL GROVE BLVD	SAME
Suite, Apt. #, etc. # 102	Suite, Apt. #, etc.
City & State LUTZ FL 33549	City & State
Zip 33549 / Country US	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2995595 ☐ Applied For ☐ Not Applicable

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
DARBY HARVEY	Name N/A
211 CRYSTAL GROVE BLVD	Street Address (P.O. Box Number is Not Acceptable)
SUITE 102	
LUTZ, FL 33549	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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRES. ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DARBY HARVEY	NAME	
STREET ADDRESS	211 CRYSTAL GROVE BLVD # 102	STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 33549	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: [signature] Darby E Harvey 5/22/00 813 909-8744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #