

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90135 041 \*\*\*150.00

**DOCUMENT # M89600**

1. Entity Name  
**PROP M CORP.**



Principal Place of Business  
**P. O. BOX 9302  
FT. MYERS FL 33902  
US**

Mailing Address  
**PROP M CORP  
P. O. BOX 9302  
FT. MYERS FL 33902  
US**

33000757



2. Principal Place of Business  
**P.O. Box 1262**  
Suite, Apt. #, etc.

3. Mailing Address  
**C/O JEFFREY C. LEWIS, JR  
6249-B PRESIDENTIAL CT**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Fort Myers, FL**  
Zip  
**33902**  
Country  
**US**

City & State  
**Fort Myers, FL**  
Zip  
**33919**  
Country  
**US**

4. FEI Number  
**65-0112735**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

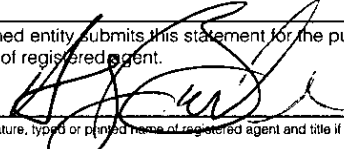
**6. Name and Address of Current Registered Agent**

**BAILEY, HAROLD  
1910 VIRGINIA AVENUE  
SUITE B102  
FORT MYERS FL 33901**

**7. Name and Address of New Registered Agent**

Name  
**HAROLD BURKE**  
Street Address (P.O. Box Number is Not Acceptable)  
**3833 E. RIVER DRIVE**  
City  
**Fort Myers** **FL** Zip Code  
**33916**

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   
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
**1-30-03**

**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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPT  
BAILEY, HAROLD  
1910 VIRGINIA AVENUE, P.O BOX 9302  
FORT MYERS FL 33901** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVS  
BURKE, HAROLD  
3833 E RIVER DR, P O BOX 1252  
FT. MYERS FL 33916-3390** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPT** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:**

 **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-30-03**

Date

Daytime Phone #

CR2E034 (10/02)