2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAM

E OF SIGNING OFFICER OR DIREC

SIGNATURE:

Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P0000009240 1. Entity Name PRIVATE PROPERTY INVESTMENTS, INC. 04-04-2001 90135 010 ***150.00 Principal Place of Business Mailing Address 808 DAPHNE OR. 808 DAPHNE DR. 737692 BRANDON FL 33510 BRANDON FL 33510 3. Mailing Address Principal Place of Business 674 Z DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CONCHAR, YOLANDA Street Address (P.O. Box Number is Not Acceptable) 808 DAPHNE DR. **BRANDON FL 33510** 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 d agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Presiden ☐ Addition TITLE Delete NAME CONCHAR, YOLANDA STREET ADDRESS STREET ADDRESS 808 DAPHNE DR. CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33510 Officer/vice president TITLE Delete TITLE Steven DAROSA NAME NAME 115 O Lithia Pinecrest Roma STREET ADDRESS STREET ADDRESS Brandon, FL 33510 CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE □ Delete TITLE 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 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