

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91470 009 ***150.00

DOCUMENT # P00000044717

1. Entity Name
PROPMAN'S SHOP, INC.

Principal Place of Business **116 HAND ST** Mailing Address **116 HAND ST**
~~817 SAWDUST TRAIL~~ **KISSIMMEE FL 34741** ~~817 SAWDUST TRAIL~~ **KISSIMMEE FL 34741**
34741 **34741**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **116 HAND ST** 3. Mailing Address **SAME**
 Suite, Apt. #, etc.

City & State **Kissimmee** City & State 4. FEI Number **59-3644445** Applied For
 Not Applicable
 Zip **34741** Country **OSCEOLA** Zip **34741** Country 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent **WHITE, STEPHEN L**
817 SAWDUST TRAIL
KISSIMMEE FL 34744
 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 DATE **4-16-02**
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. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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	D WHITE, STEPHEN L CEO 2314 IRLO DRIVE KISSIMMEE FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. PENG YAN 857 LONG BAY CT KISSIMMEE FL 34741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANCE, JAMES R 2506 W. OAK STREET KISSIMMEE FL 34741 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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 reports 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 AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** DATE **4-16-2002** Daytime Phone #

CR2E034 (9/01)