

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

0311787

**DOCUMENT # P00000046737**

1. Entity Name  
**THREE SISTERS PROPERTIES, INC.**

03-08-2001 90087 026 \*\*\*150.00

Principal Place of Business      Mailing Address  
**364 WILDWOOD LANE**      **364 WILDWOOD LANE**  
**DEERFIELD BEACH FL 33442**      **DEERFIELD BEACH FL 33442**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State



DO NOT WRITE IN THIS SPACE

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-1007929**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**THATCHER, LINDA J**  
**364 WILDWOOD LANE**  
**DEERFIELD BEACH FL 33442**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE <b>V.P.</b>	<input type="checkbox"/> Delete
NAME <b>D THATCHER, LINDA J</b>	
STREET ADDRESS <b>372 WILDWOOD LANE EAST</b>	
CITY-ST-ZIP <b>DEERFIELD BEACH FL 33442</b>	
TITLE <b>Pres</b>	<input type="checkbox"/> Delete
NAME <b>Sheila K. Hilser</b>	
STREET ADDRESS <b>364 Wildwood Lane East</b>	
CITY-ST-ZIP <b>Deerfield Beach, Fla. 33442</b>	
TITLE <b>Sec</b>	<input type="checkbox"/> Delete
NAME <b>Jeanne Thatcher</b>	
STREET ADDRESS <b>297 Deer Creek Blvd. #1306</b>	
CITY-ST-ZIP <b>Deerfield Beach, Fla. 33442</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/28/01** Daytime Phone # **954-6980240**

CR2E034 (10/00)