

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90231 002 \*\*\*150.00

**DOCUMENT # P00000075995**

1. Entity Name  
**CPR INVESTMENT PROPERTIES, INC.**

Principal Place of Business Mailing Address  
**2202 CURRY FOOD RD., STE. D** **2202 CURRY FOOD RD., STE. D**  
**ORLANDO FL 32806** **ORLANDO FL 32806**



2. Principal Place of Business 3. Mailing Address  
~~1619 Conway Gardens Rd.~~ ~~1619 Conway Gardens Rd~~  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
**Orlando, Florida** **Orlando, Florida** **59-3660972**  Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
**32806** **USA** **32806** **USA**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**CRAGER, ROBERT J** Name  
**2202 CURRY FOOD RD., STE. D** **Crager, Robert J.**  
**ORLANDO FL 32806** Street Address (P.O. Box Number is Not Acceptable)  
 1619 Conway Gardens Road  
 City **Orlando** **FL** Zip Code **32806**

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 **Robert J. Crager** DATE **4/29/02**  
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.  **FILE NOW!!! FEE IS \$150.00** 10. Election Campaign Financing  \$5.00 May Be Added to Fees  
 (See criteria on back) **After May 1, 2002 Fee will be \$550.00** Trust Fund Contribution.  
**Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CRAGER, ROBERT J</b> <b>2202 CURRY FOOD RD., STE. D</b> <b>ORLANDO FL 32806</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Crager, Robert J</b> <b>1619 Conway Gardens Road</b> <b>Orlando, Florida 32806</b>
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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: DATE **4/29/02** DAYTIME PHONE # **407-897-0911**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)