## 2003 FOR PROFIT CORPORATION

## Mar 24, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P00000095136 DOCUMENT # 03-24-2003 90647 021 \*\*\*158.75 1. Entity Name FLORIDA GENERAL PROPERTIES, INC. Principal Place of Business Mailing Address 1547 FLORIDA MANGO ROAD BOX 15454 WEST PALM BEACH FL 33416 **UNIT 11-2** WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-1045101 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MATTHEW MOORE, JAMES B Street Address (P.O. Box Number is Not Acceptable) 1547 FLORIDA MANGO RD NO **BUILD 11-2 WEST PALM BEACH FL 33409** City WEST PALM DENCH FL 8. The above named entity submits this statement 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. COMTES SIGNATURE (NOTE: Registered Agent signature required when reinstating) tered agent and title if applicable. Signature, typed or printed name of reg FILE NOW!!! FEE IS \$ 50.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change Addition PSTD X Delete TITLE PSTO TITLE MOORE, JAMES 85 COATES, MATTHEN J NAME 1547 Florida MANCO LO BU, 11-2 1547 FLORIDA MANGO ROAD - UNIT 11-2 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33409 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition VD TITLE COATES, MATTHEW J NAME NAME 1547 FLORIDA MANGO ROAD - UNIT 11-2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33409 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 of 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 of the corporation of the receiver or trustee empowered changed, or on an attachment with an address, with

CITY-ST-ZIP

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NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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

☐ Delete

CR2E034 (10/02)

☐ Addition

☐ Change

**FILED**