2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000100128

1. Entity Name



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90122 027 ***150.00

PROPERTY TOT, INC.													
901 S. FEDER	e of Business NAL HWY., SUITE 101 ALE FL 33316	Mailing Address 901 S. FEDERAL HWY., SUITE 101 FT. LAUDERDALE FL 33316					1 101 19 4 14 90 1 10 1 1 0 1	1111 11111 1111	111 11 111 6011		1841 1811 1881		
2. Principal Place of Business			3. Mailing Address							ell eddil delei			, 1
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State			City & State				4. F	El Number 65-1124220	 6		+	olied For Applicable] ,
Zip	Country ,	Zip	Zip Cour				5 . C	Certificate of Status Desired		\$8.75 Fee Red	Addi	tional	
	6. Name and Address of Current	egistered Agent					7. N	ame and Address of New	Registere	d Agent			1
•					Name		-] '
WILKES, JOHN P						Street Address (P.O. Box Number is Not Acceptable)						┧	
901 S. FEDERAL HWY., SUITE 101						aaress (P	.O. Bo	ox Number is Not Acceptabl	ie)				,
FT. LAUDERDALE FL 33316													1.
, .						,			F	Zip	Code	<u> </u>	
8. The above the obligat	egistere	ed office or	registere	ed age	ent, or both, in the State of F	lorida. I a	m familiar v	with, a	and accept	1			
•													{
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if app	olicable. (NOTE:	Registere	d Agent signatu	re required v	when rei	nstating)	DATE				i
		·						-					1
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Fi Trust Fund Contribution	-			May Be to Fees	
10.	OFFICERS AND DIRECTORS				 .		 ADI	DITIONS/CHANGES TO OF	FICERS A	ND DIREC	TORS	IN 11	{ `
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NAME	JOYNER, WILLIAMS A			NAM									þ
STREET ADDRESS 901 S. FEDERAL HWY., SUITE 101				STRE	ET ADDRESS			:					¥
CITY-ST-ZIP FT. LAUDERDALE FL 33316					IY-ST-ZIP								
TITLE	DP		☐ Delete	TITLE)		☐ Cha	nge	Addition	CR2E034 (10/02)
NAME	WILKES, JOHN P			NAM	E			\ .					١Ч
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12. I hereby certify that the information supplied with this fill to these 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/63

954-467-9200