

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000101998**

1. Entity Name  
**4D PROPERTIES, INC.**



Principal Place of Business  
11205 LAKE SASSA DRIVE  
THONOTOSASSA FL 33592

Mailing Address  
11205 LAKE SASSA DRIVE  
THONOTOSASSA FL 33592

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3679750**

Applied For

Not Applicable

Zip

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DANIELS, LAURA M  
11205 LAKE SASSA DRIVE  
THONOTOSASSA FL 33592

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE      PD       Delete  
NAME      DANIELS, TED R  
STREET ADDRESS      11205 LAKE SASSA DRIVE  
CITY-ST-ZIP      THONOTOSASSA FL 33592

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE       Change       Addition  
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

TITLE      VSTD       Delete  
NAME      DANIELS, LAURA M  
STREET ADDRESS      11205 LAKE SASSA DRIVE  
CITY-ST-ZIP      THONOTOSASSA FL 33592

TITLE       Change       Addition  
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

TITLE       Delete  
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

TITLE       Change       Addition  
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

TITLE       Delete  
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

TITLE       Change       Addition  
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

TITLE       Delete  
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

TITLE       Change       Addition  
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

TITLE       Delete  
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

TITLE       Change       Addition  
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

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 or 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 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

4-9-03 (813) 935-7446

Date

Daytime Phone #

CR2E034 (10/02)