

5/23

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

05-23-2002 90067 011 \*\*\*150.00

**DOCUMENT # P01000048030**

1. Entity Name

FLORIDA PROPERTY MANAGEMENT SERVICES INC

Principal Place of Business

9443 BEAR LAKE CIRCLE  
APOPKA FL 32703

Mailing Address

9443 BEAR LAKE CIRCLE  
APOPKA FL 32703  
US

2. Principal Place of Business

9443 BEAR LAKE CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

9443 BEAR LAKE CIRCLE

Suite, Apt. #, etc.

9443

City &amp; State

APOPKA FL

City &amp; State

APOPKA FL

Zip

32703

Country

USA

Zip

32703

Country

USA

4. FEI Number

59-3722751

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NICKY, KINSTON J

9443 BEAR LAKE CIRCLE  
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name

J. FRANKLIN

Street Address (P.O. Box Number is Not Acceptable)

9443 BEAR LAKE CIRCLE

APOPKA

City

FL

FL

Zip Code

32703

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

J. FRANKLIN 4/27/2002

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, 2002 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 ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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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)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2002 407 445 4655

Date

Daytime Phone #

CR2E034 (9/01)