FILED
Apr 22, 2003 8:00 am
Secretary of State
04-22-2003 90042 034 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000054159

1. Entity Name
PALM CITY PROPERTIES, INC.

90100466

Principal Place of Business
~~901 SW MARTIN DOWNS BLVD~~
~~SUITE 2000~~
~~PALM CITY, FL 34990~~

Mailing Address
~~901 SW MARTIN DOWNS BLVD~~
~~SUITE 2000~~
~~PALM CITY, FL 34990~~

2. Principal Place of Business: 1081 SW LIGHTHOUSE DR
Suite, Apt #, etc.: N/A
City & State: PALM CITY, FL
Zip: 34990 Country: MARTIN

3. Mailing Address: 1081 SW LIGHTHOUSE DR
Suite, Apt #, etc.: N/A
City & State: PALM CITY, FL
Zip: 34990 Country: MARTIN

* CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1073303 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
MCGEE, H. CONWAY
1081 SW. LIGHTHOUSE DR.
PALM CITY, FL 34990

7. Name and Address of New Registered Agent
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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCGEE, H. CONWAY 1081 SW LIGHTHOUSE DR. PALM CITY, FL 34990 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCGEE, AMANDA T 1081 SW LIGHTHOUSE DR. PALM CITY, FL 34990 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] 4/12/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

* PLEASE NOTE THAT ONLY CHANGE IS A CHANGE TO THE "PRINCIPAL PLACE OF BUSINESS" & TO THE "MAILING ADDRESS"
THANK YOU. [signature], PRESIDENT