2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P01000059960

DOCUMENT # 1. Entity Name

EMINENT PROPERTIES, INC.

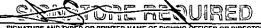


Apr 28, 2003 8:00 am & Secretary of State

						12						
Principal Place of Business 437 N MAGNOLIA AVE ORLANDO FL 32801			Mailing Address 437 N MAGNOLIA AVE ORLANDO FL 32801					•				
						ĺ						
2. Principal F	Place of Business	3. Mailing Address						1 (8015001 SI 1860) IIAH 8011 8015 8015 8016 80			1111 111 4 1 11 4	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & Stat	e	City & State				4. FEI Number 58-2638694 Applied For Not Applied be						
Zip	- Country		Zip Coun						75 Additional Required			
	6. Name and Address of Current	Register					7. Name and Address of New Registered Agent					
WILSON, J CHRISTY III					Name							
1	AGNOLIA AVE		Stree			idress (F	dress (P.O. Box Number is Not Acceptable)					
ORLANDO) FL 32801									_		
	•		÷		City			F	L	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 act the obligations of registered agent.									and accept			
and the state of t												
SIGNATURE .	Signature, typed or printed name of registered agent	and title if app	olicable. (NOTE: R	Registered A	Agent signatur	re required	when rei	nstating) DAT				
	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00			•				9. Election Campaign Financing		\$5.0	0 May Be	
Make Check Payable to Florida Department of State								Trust Fund Contribution.		Added	to Fees	
10.	; OFFICERS AND							DITIONS/CHANGES TO OFFICERS A		ECTORS	3 IN 11	
TITLE	DP		☐ Delete	TITLE		DIR	ce	TOR PRESIDENT	/ 🗷	Change	☐ Addition	
NAME STREET ADORESS	WILSON, J CHRISTY III 1008 RIDGECREST ROAD			NAME STREET	ADDRESS	772	easurer.					
CITY-ST-ZIP	ORLANDO FL 32806			CITY-S	ST-ZIP							
TITLE	٧		☐ Delete	TITLE						Change	Addition	
NAME STREET ADDRESS	Wilson, Edith 1008 Ridgecrest Road			NAME	ADDRESS						1	
CITY-ST-ZIP	ORLANDO FL 32806			CITY-S							j	
TITLE	S	-	Delete .	TITLE						Change	Addition	
NAME OXECT ADDRESS	COLEMAN, JAN P.	٠.		NAME	ADDRESS	٠.		المتعارف والمراجبية				
STREET ADDRESS CITY-ST-ZIP	1896 WHITE AVE ORLANDO FL 32806			CITY-S	i i							
TITLE			☐ Delete	TITLE						Change	Addition	
NAME				NAME	4000000						ļ	
STREET ADDRESS CITY-ST-ZIP				CITY-S	ADDRESS T-ZIP							
TITLE			☐ Delete	TITLE				•		Change	Addition	
NAMÉ				NAME							1	
STREET ADDRESS CITY-ST-ZIP				STREET CITY-S	ADDRESS T-ZIP						,	
TITLE			☐ Delete	TITLE						Change	Addition	
NAME				NAME							{	
STREET ADDRESS CITY-ST-ZIP				STREET CITY-S	ADDRESS T-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 d rector 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:



Daytime Phone #