2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State
02-07-2003 90105 022 ***150.00

DOCUMENT # P01000110407

1. Entity Name
BRANDON PROPERTY MANAGEMENT, INC.

Principal Place of Business
~~1208-B BELL SHOALS ROAD~~
~~BRANDON FL 33511~~

Mailing Address
~~1208-B BELL SHOALS ROAD~~
~~BRANDON FL 33511~~

[X] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
504 S. KINGS AVE.	P.O. BOX 2891
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRANDON FL	City & State: BRANDON FL
Zip: 33511 Country: USA	Zip: 33509 Country: USA

4. FEI Number 59-3756368 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
RUBESHA, GEORGE M
~~1208-B BELL SHOALS ROAD~~
~~BRANDON FL 33511~~

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 504 S. KINGS AVENUE
City BRANDON FL Zip Code 33511

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] 10 JAN 2003
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P NAME RUBESHA, GEORGE M STREET ADDRESS 11002 SAILBROOKE DR CITY-ST-ZIP RIVERVIEW FL 32569	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ST NAME RHINEHART, KERSTIN B STREET ADDRESS 11002 SAILBROOKE DR CITY-ST-ZIP RIVERVIEW FL 33569	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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] 10 JAN 2003 813-689-6595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)