

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2003 8:00 am
Secretary of State

08-01-2003 90063 043 ***150.00

DOCUMENT # P02000014162

1. Entity Name
XPOSED PROPERTIES, INC.



Principal Place of Business
4010 W. CAYUGA STREET
TAMPA FL 33614

Mailing Address
4010 W. CAYUGA STREET
TAMPA FL 33614

2. Principal Place of Business

3. Mailing Address
P.O. BOX 273896

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TAMPA, FL

Zip

Country

Zip

Country

33688

4. FEI Number

01-0041573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, KANE M
4010 W. CAYUGA STREET
TAMPA FL 33614

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

KANE M. GONZALEZ

07-26-03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 PD
NAME GONZALEZ, KANE M
STREET ADDRESS 4010 W. CAYUGA STREET
CITY-ST-ZIP TAMPA FL 33614 ☐ Delete

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

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:

KANE M. GONZALEZ

07-26-03

CR2E034 (4/03)

attachment

80135453

July 29, 2003

Division of Corporations
Uniform Business Report Filings
P.O. BOX 1500
Tallahassee, FL 32302-1500

RE: Xposed Properties, Inc.

FEI # 01-0641573

DOCUMENT # PO20000014162

Dear Sir or Madam,

Please find the enclosed 2003 Profit Corporation - Uniform Business Report with regard to the above referenced matter. Please be advised we did not received prior notice for filing. We are asking that the \$400 late fee be waived as we do have two other corporations in which we did not receive prior notice.

Should you have any questions, please contact me at (813)931-1180.

Thank you,


Kane M. Gonzalez