FILED
Jun 30, 2003 8:00 am
Secretary of State
04-25-2003 90298 038 ***150.00

4/25/2

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000087716

1. Entity Name
HISTORIC PROPERTY GROUP, INC.

55056176

[redacted]

Principal Place of Business	Mailing Address
1330 N. LIBERTY STREET JACKSONVILLE FL 32206	1330 N. LIBERTY STREET JACKSONVILLE FL 32206

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
347 E 3rd STREET	347 E. 3rd STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FLORIDA	City & State: JACKSONVILLE, FLORIDA
Zip: 32206 Country: DUVAL	Zip: 32206 Country: DUVAL

4. FEI Number: 03-4090 8 ☐ 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
SANTORO, THOMAS C 1700 WELLS ROAD SUITE 5 ORANGE PARK FL 32073	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: Thomas C Santoro 4.23.03
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 Checks 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOP INGEBRIGTSEN, NILS M 1330 N. LIBERTY STREET JACKSONVILLE FL 32206	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WEIDLER, GERD 1330 N. LIBERTY STREET JACKSONVILLE FL 32206	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD INGERIGTSEN, CATHY 1330 N. LIBERTY STREET JACKSONVILLE FL 32206	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Cathy Ingebrigtsen CATHY INGEBRIGTSEN 4.23.03 904 359 0940
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #