

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-06-2003 90081 021 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

2/6

DOCUMENT # P02000105327

1. Entity Name
NORTH CENTRAL FLORIDA PROPERTY MANAGEMENT INC.



Principal Place of Business
4629 SW 57TH DR.
GAINESVILLE FL 32608

Mailing Address
4629 SW 57TH DR.
GAINESVILLE FL 32608



2. Principal Place of Business

15560 NW Hwy 441

Suite, Apt. #, etc.

Suite 110

City & State

Alachua, FL

Zip

32615

Country

USA

3. Mailing Address

P.O. Box 1799

Suite, Apt. #, etc.

City & State

Alachua, FL

Zip

32616-1799

Country

USA

4. FEI Number

33-1025206

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUEEN, DWAYNE D JR
4629 SW 57TH DR.
GAINESVILLE FL 32608

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

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

TITLE P
NAME QUEEN, DWAYNE D JR
STREET ADDRESS 4629 SW 57TH DR.
CITY-ST-ZIP GAINESVILLE FL 32608

☐ Delete

TITLE VST
NAME QUEEN, HOLLY A
STREET ADDRESS P.O. BOX 1505
CITY-ST-ZIP INTERLACHEN FL 32148

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VST
NAME Queen, Holly A
STREET ADDRESS P.O. Box 1799
CITY-ST-ZIP Alachua, FL 32616-1799

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ Change

☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. QUEEN Sr 1/17/03 386-462-1848

Date

Daytime Phone #

CR2E034 (10/02)