

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90098 017 ***150.00

DOCUMENT # P02000109946

1. Entity Name
ALLPROP PROPERTY MANAGEMENT, INC.



Principal Place of Business
**11235 OSCEOLA DRIVE
NEW PORT RICHEY FL 34654**

Mailing Address
**11235 OSCEOLA DRIVE
NEW PORT RICHEY FL 34654**



2. Principal Place of Business
11235 OSCEOLA DR.
Suite, Apt. #, etc.

3. Mailing Address
Same as # 2
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
NEW PORT RICHEY FL.

City & State
Same

4. FEI Number
22-3885619

Applied For
☐ Not Applicable

Zip
34654

Country
U.S.

Zip
Same

Country
Same

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

**ALLEN, LEROY R
4210 W. SPRUCE STREET
SUITE 202
TAMPA FL 33607-4127**

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

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

TITLE **D** ☐ Delete
NAME **SYRASKI, DAVID J**
STREET ADDRESS **P.O. BOX 1407**
CITY-ST-ZIP **NEW PORT RICHEY FL 34656**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MYSZKOWIAK, MARYANN**
STREET ADDRESS **P.O. BOX 1407**
CITY-ST-ZIP **NEW PORT RICHEY FL 34656**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-03

4727-992-8019

Date

Daytime Phone #

CR2E034 (10/02)