

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06962

1. Entity Name

MULTI-PROP. SERVICES, INC.

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90249 050 \*\*\*150.00

Principal Place of Business	Mailing Address
P O BOX 23850 MACON GA 31212 US	P O BOX 23850 MACON GA 31212 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	58-1540689	Applied For
		Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KOELEMIJ, JOHANNES J. 641 MCDONNELL DRIVE TALLAHASSEE FL 32304

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.

SIGNATURE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	PTD
NAME	CLEVELAND, R. J.
STREET ADDRESS	4411 NORTHSIDE DR, APT 15C
CITY-ST-ZIP	MACON GA 31210
TITLE	V
NAME	KOELEMIJ, JAHANNES J.
STREET ADDRESS	641 MCDONNELL DR.
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	S
NAME	EVANS, ANN T.
STREET ADDRESS	RT 14 BOX 1445
CITY-ST-ZIP	MACON GA 31211
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (10/00)

1-5-01 912-475-9494