## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P94000015230**

## FLORIDA PROPERTIES UNLIMITED, INC.

Principal Place of Business Mailing Address 28917 U.S. 19 NORTH ---- ' U.S. 19 NORTH LEARWATER FL 33761 **CLEARWATER FL 33761** 2. Principal Place of Business 3. Mailing Address Suite Ant # etc Suite Ant # etc

## **FILED** May 02, 2000 8:00 am Secretary of State 05-02-2000 90082 032 \*\*\*150.00



1. 1.1.							
City & State		City & State		4. FEI Number 59-3221405		Applied For Not Applicable	
Zip	Country	Zip ,	Country	5. Certificate of Status Desired	\$8.75 A	Additional	
	6. Name and Address of Current I	Registered Agent	<del></del>	7. Name and Address of New Regis			
			Name				
RUNKLE, DONALD 3625 FAIRWAY FOREST CIRCLE PALM HARBOR FL 34685			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
			City		FL Zip C	ode	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida	<u>.                                      </u>		
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signature requ	rred when reinstating)	DATE		
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After MAY 1, 20	!!! FEE IS \$150.00 000 Fee will be \$550.00 ble to Department of S	i ilust runu Commediion.	ing <b>\$5</b>	.00 May Be ded to Fees	
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	ORS IN 11	
TITLE NAME	PDST RUNKLE, DONALD	☐ Delete	TITLE NAME		☐ Chang	e 🔲 Addition	
STREET ADDRESS CITY-ST-ZIP	28917 U.S. 19 NORTH CLEARWATER FL 33761		STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	e Addition	
NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		☐ Change		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		,	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			e 🛅 Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete ~	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Chang	e Addition	

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 SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

(727) 784-0900