2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000017439** Apr 14, 2000 8:00 am Secretary of State 1. Entity Name FLORIDIAN PROPERTIES, INC. 04-14-2000 90013 050 ***150.00 Principal Place of Business Mailing Address 3528 14TH ST W 3528 14TH ST W BRADENTON FL 34205 BRADENTON FL 34205-6265 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0494449 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRISON, G. JOSEPH Street Address (P.O. Box Number is Not Acceptable) 1206 MANATEE AVE W BRADENTON FL 34205 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change ☐ Addition NAME DENTON, JOHN M NAME STREET ADORESS STREET ADDRESS 3528 14TH ST W CITY-ST-ZIP CITY-ST-ZIF **BRADENTON FL 34205** TITLE ☐ Change ☐ Addition ☐ Delete TITLE HARRISON, G. JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 1311 70TH ST NW CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** '□' Change ☐ Addition ☐ Defete TITLE TITLE TAYLOR, R. JAY NAME NAME STREET ADDRESS 932 5TH AVE W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 path; 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.

STREET ADDRESS

CITY-ST-ZIP

CICRIATURE.

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K 747-4199