2000	UNIFORM BUS	INESS REPO	RT	(UBI	R)						
DOCUMENT # P9400021627 FP PROPERTIES, INC.						;		•			
						FILED 00 JUN 29 PM 3: 22					
2033 MAIN ST. STE 101 SARASOTA FL 34237 US		2033 Main St. Ste 101 Sarasota Fl. 34237-6049 US								e al did d esi d de	811 88 1 1 66 1
2. Principal P	lace of Business	3. Mailing Address									
Suite Apt. Suite	#, etc. 600	Suite, Apt. #, etc. Suite 600				DO NOT WRITE IN THIS SPACE					
City & Stat	e	City & State				4. FEI Num	ber 65-0 5	540408		<u>→</u>	pplied For ot Applicable
Zip Country		Zip	Country			5. Certifica	te of Status D	esired [8.75 Add	
	6. Name and Address of Curren	t Registered Agent				7. Name ar	nd Address o	New Regis	tered Aç	gent	
PFLUGNER, J. GEOFFREY 2033 MAIN ST. STE 101 SARASOTA FL 34237				Street A 2033	Street Address (P.O. Box Number is Not Acceptable) 2033 Main Street, Suite 600						
				City					FL	Zip Cod	e
8. The above	named entity submits this statement	for the purpose of changing its	registere	d office or	registered	l agent, or b	oth, in the Sta	te of Florida.		<u>. </u>	`
SIGNATURE .	Signature, typed or printed name of registered age:	nt and title if applicable. (NOTE	E: Registered	Agent signati	ure required who	nen reinstating)			DATE		
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. FILE NOW!!! FI After MAY 1, 2000 F				IS \$150.0 will be \$5	 00 550.00	10. 5	Election Camp	~	ng 🗆		0 May Be
	ria on back)	Make Check Payab		partmen		ADDITION	S/CHANGES	TO OFFICE	OC AND I	DIRECTOR	C INI 11
TITLE	OFFICERS AN	D Delete	12.	**		ADDITION	8/CHANGES	TO OFFICE		☐ Change	Addition
	NAME OF THE PROPERTY OF THE PR			ET ADDRESS	1	. Box		24.120			
CITY-ST-ZIP	XSARASOTAXELX D	☐ Delete	TITLE	ST-ZIP	Saras	ota, r	lorida	34230		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	SIMOLARI, FAITH x2033: MAINXSTX 8755; 101 x5474:30174:51-			ET ADDRESS ST-ZIP	I	Box 2		24.220			
TITLE NAME STREET ADDRESS	MANAKANA	☐ Delete	TITLE NAME STREE	ET ADDRESS	Saras	coca, r		34230 3331 7/06/00	J[J]	1016	110
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST. ZIP		☐ Delete	TITLE NAME STREE				T-1	· <i>***</i> ••••••••		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE			<u> </u>		*	ļ	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE							Change	Addition SP

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 TAPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-28-00

941 - 366 - 570 7 Daytime Phone #