

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000022483

1. Entity Name

PROPER FINANCING, INC.

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90099 013 \*\*\*150.00

Principal Place of Business Mailing Address  
9725 N. NEW RIVER CANAL RD STE 427 9725 N. NEW RIVER CANAL RD STE 427  
PLANTATION FL 33324 PLANTATION FL 33324

00006388



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Same		3. Mailing Address Same Above		4. FEI Number 65-0480697		Applied For Not Applicable	
Suite, Apt. #, etc. Same		Suite, Apt. #, etc. ↑		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State Same		City & State ↑					
Zip Same	Country Same	Zip ↑	Country USA				

6. Name and Address of Current Registered Agent  BLACKMAN, MARK 9725 N. NEW RIVER CANAL RD STE 427 PLANTATION FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKMAN, MARK 9725 N. NEW RIVER CANAL RD STE 427 PLANTATION FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)

0268072