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FILED

Apr 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000037957 (4)

1. Corporation Name

UNITED PROPERTIES OF NORTH FLORIDA INC.



Principal Place of Business

2245 EAGLES NEST RD  
SUITE #5  
JACKSONVILLE FL 32224  
US

Mailing Address

2245 EAGLES NEST RD  
SUITE #5  
JACKSONVILLE FL 32224  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2245 Eagles Nest Rd.

Suite, Apt. #, etc.

22 City & State

23 Jacksonville, FL

24 Zip

32246

25 Country

USA

2a. Mailing Address

26 2245 Eagles Nest Rd.

Suite, Apt. #, etc.

27 City & State

28 Jacksonville, FL

29 Zip

32246

30 Country

USA

3. Date Incorporated or Qualified

05/11/1995

4. FEI Number

59-3314462

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ADEEB, DAVID  
653 MONUMENT RD.  
APT #405  
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name

Adeeb, David

82 Street Address (P.O. Box Number is Not Acceptable)

2245 Eagles Nest Rd.

83

84 City

Jacksonville

FL

85 Zip Code

32246

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

4-13-98

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME ADEEB, DAVID  
STREET ADDRESS 8382 BAYMEADOWS RD.  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS ☒ Change ☐ Addition

1.2 NAME Adeeb, David  
1.3 STREET ADDRESS 2245 Eagles Nest Rd.  
1.4 CITY-ST-ZIP Jacksonville, FL 32246

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

4-13-98

204 322-5320

CP2E034 (10/97)