

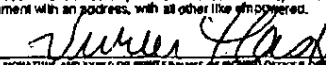
04-02-2003 90323 001 *2,100.00
P95000070501

03 APR -9 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00041004

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000070501			
1. Entity Name FLORIDA NATIONAL PROPERTIES, INC.			
Principal Place of Business 11575 HERON BAY BOULEVARD CORAL SPRINGS, FL 33076		Mailing Address 24301 WALDEN CENTER DR SUITE 300 BONITA SPRINGS, FL 34134	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0615052		Applied For Not Applicable	
5. Certificate of Status Desired ☐		58.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HASTINGS, VIVIAN 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature is required when withdrawing) DATE _____			
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
DP MOSCATO, ALBERT F JR 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134		V James D. Cullen 24301 Walden Center Drive Bonita Springs, FL 34134	
VSD DYESS, D. R. 3300 UNIVERSITY DR CORAL SPRINGS, FL 33065		VAS Vivien N. Hastings 24301 Walden Center Drive Bonita Springs, FL 34134	
TAS ADELMAN, STEVEN C 23401 WALDEN CENTER DR BONITA SPRINGS, FL 34134			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		03/24/03 (239) 498-8605	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vivien N. Hastings, Assistant Secretary			