2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000002034

1. Entity Name

Principal Place of Business

SIGNATURE:

Mailing Address

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLAGLER PALM COAST PROPERTY MANAGEMENT, INC.



Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90136 040 ***150.00

-13-03 (386)445-9282

Daytime Phone #

FILED

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21 OLD KING SUITE B209 PALM COAST	S ROAD NOR	ГН	SUITE	21 OLD KINGS ROAD NORTH SUITE B209 PALM COAST FL 32137											
2. Principal I	Place of Busin	ness	3. Mai	3. Mailing Address									18118 NOTE 1811	18 14 14 14 14 14 14 14	
Suite, Apt	. #, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES							
City & Sta	te	·	City & State				4.	4. FEI Number 59-3351833 Applied For							
Zip	Country			Zip		Country		Certifica					\$8.75 A		
	6. Name	ــــــــــــــــــــــــــــــــــــــ			Name a	nd Addr	ess of No	w Reni	stered	,	160				
							7. Name and Address of New Registered Agent Name								
BELLAPIANTA, MARC						Stroot Address (DO Boy Number: New Assessment)									
5 FORTRESS COURT						Street Address (P.O. Box Number is Not Acceptable)									
PALM CO	AST FL 321	37					71.1		-	-		•			
						City E1 Z						Zin Co	nda .		
						,	FL					Zip Co			
the obligate	tions of regist	v submits this statement for ered agent. or printed name of registered agent							ooth, in th	ne State o	of Florida		familiar witi	n, and accept	
			and the fi app	ilicable. (NO)	i E: negisteret	Agent signature	e required when	reinstating)				DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State										Campaig d Contrib		ing [\$5 . □ Add	.00 May Be ed to Fees	
10.		OFFICERS AND	DIRECTO	RS	11.		Al	DDITION:	S/CHAN	GES TO	OFFICE	RS AND	DIRECTO	RS IN 11	
TITLE NAME Street Address City-St-Zip	PSTD BELLAPIANTA, MARC 5 FORTRESS COURT PALM COAST FL 32137					l l		* -				☐ Change			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		□ Delete		ľ							☐ Change	☐ Addition	
TITLE NAME Street Address City-St-Zip				☐ Delete		T ADDRESS ST-ZIP		·4	-ਦਿੱਕ		-		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	1	T ADDRESS ST-ZIP				***		-	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP			,			_	☐ Change	☐ Addition	
ITLE IAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE - NAME - STREE	T ADDRESS			gli ·			3	Change	☐ Addition	
I2. I hereby c indicated of the corp	on this report poration or the	information supplied with or supplemental report is e receiver or trustee empo chment with an address, v	true and a wered to e	iccurate and that n execute this report	r the exem	nption stated	a tha como	Agol offe	ot an if n	nada una	lar aath.	that I a	m on office		