

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000002659

1. Entity Name
UNITED CAPITAL PROPERTIES, INC.

Principal Place of Business
%UNITED CAPITAL MANAGEMENT, INC.
1300 ENTERPRISE DR., #C
PORT CHARLOTTE FL 33948

Mailing Address
P.O. BOX 380921
MURDOCK FL 33938-0921

2. Principal Place of Business
4549-B Tamiami TR

3. Mailing Address

Suite, Apt. #, etc.
B

Suite, Apt. #, etc.

City & State
PORT CHARLOTTE, FL

City & State

Zip
33980

Country
USA

Zip

Country

4. FEI Number 65-0644542

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PLATT, DANIEL B
1300 ENTERPRISE DR., #C
PORT CHARLOTTE FL 33948

7. Name and Address of New Registered Agent

Name DANIEL B. PLATT
Street Address (P.O. Box Number is Not Acceptable)

4549-B TAMIAAMI TRAIL

City PORT CHARLOTTE FL Zip Code 33980

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

TITLE PST
NAME PLATT, DANIEL
STREET ADDRESS 1300 ENTERPRISE DR.
CITY-ST-ZIP PORT CHARLOTTE FL 33948

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PO Box 380921
MURDOCK, FL 33938

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90085 021 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)