

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**  
 03-05-2001 90070 025 \*\*\*150.00

DOCUMENT # P96000054497

1. Entity Name  
**BANCPROPREO CORP.**

Principal Place of Business  
**2206 SONOMA DRIVE**  
**NOKOMIS FL 34275**  
**US**

Mailing Address  
**2206 SONOMA DRIVE**  
**NOKOMIS FL 34275**  
**US**

2. Principal Place of Business  
**2206 SONOMA DR.**

3. Mailing Address  
**2206 SONOMA DR.**

Suite, Apt. #, etc.

City & State  
**NOKOMIS, FL.**

City & State  
**NOKOMIS FL.**

Zip  
**34275**

Country  
**US**

4. FEI Number **65-0679645**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PFLUNGNER, J GEOFFREY**  
**2033 MAIN ST #600**  
**SARASOTA FL 34237**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHARLOTTE, JEFFREY			NAME			
STREET ADDRESS	<del>428 FERN DR</del> <b>2206 SONOMA DR.</b>			STREET ADDRESS			
CITY-ST-ZIP	<del>BRADENTON FL</del> <b>NOKOMIS FL 34275</b>			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHARLOTTE, FELIX J			NAME			
STREET ADDRESS	<del>428 FERN DR</del> <b>2206 SONOMA DR.</b>			STREET ADDRESS			
CITY-ST-ZIP	<del>BRADENTON FL</del> <b>NOKOMIS, FL 34275</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: **FELIX J. CHARLOTTE** *Felix J Charlotte*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-31-01** Daytime Phone # **941-4864130**

CR2E034 (10/00)