

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 10, 2001 8:00 am
Secretary of State

03-21-2001 90043 032 ***150.00

DOCUMENT # P98000025476 ✓
1. Entity Name
NTL PROPERTIES, INC.

Principal Place of Business Mailing Address
1770 FAIRVIEW SHORES
ORLANDO, FL 32804

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 59-3500297 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHAEL K. HALPIN
1118 BRIERCLIFF
Orlando, FL 32806

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 [Signature] (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. ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	<u>MICHAEL K. HALPIN</u> Delete <u>PRESIDENT</u> <u>1118 BRIERCLIFF DR.</u> <u>ORLANDO FL 32806</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>RICHARD D. HALPIN</u> Delete <u>VICE PRESIDENT</u> <u>1770 FAIRVIEW SHORES</u> <u>Orlando FL 32804</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <input type="checkbox"/> Delete <u>MARY E. HALPIN</u> <u>1770 FAIRVIEW SHORES</u> <u>Orlando FL 32804</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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: Mary E. Halpin - MARY E. HALPIN 3/15/01 407.299.1940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)