

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P98000037962**

Entity Name

THE PROPERTIES, INC.**FILED**
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90099 035 ***150.00

Principal Place of Business

OFFICE BOX 5
PENSACOLA FL 32591

Mailing Address

POST OFFICE BOX 5
PENSACOLA FL 32591-0005

00038716

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3511774

Applied For

Not Applicable

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****JOHNSON, MICHAEL L**
1030 UNDERWOOD AVENUE
PENSACOLA FL 32504**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

The corporation is eligible to satisfy its Intangible
filing requirement and elects to do so.
(see criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**OFFICERS AND DIRECTORS****12.****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

ADDRESS ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
JOHNSON, MICHAEL L POST OFFICE BOX 5 PENSACOLA FL 32591	<input type="checkbox"/>		
JOHNSON, SUZANNE F POST OFFICE BOX 5 PENSACOLA FL 32591	<input type="checkbox"/>		
JOHNSON, AMBER N POST OFFICE BOX 5 PENSACOLA FL 32591	<input type="checkbox"/>		
JOHNSON, MOLLY C POST OFFICE BOX 5 PENSACOLA FL 32591	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

I 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 stated 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 listed, 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 #

CR2E034 (9/99)