2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043450

1. Entity Name
FLORIDA RESIDENTIAL PROPERTIES, INC.

FILED
03 MAY 15 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5200 CENTRAL AVENUE ST. PETERSBURG, FL 33707	5200 CENTRAL AVENUE ST. PETERSBURG, FL 33707

2. Principal Place of Business	3. Mailing Address
4615 CENTRAL AVE	4615 CENTRAL AVE
Suite, Apt #, etc. ST. PETERSBURG	Suite, Apt #, etc. ST. PETERSBURG
City & State FL	City & State FL
Zip 33713 Country USA	Zip 33713 Country USA

☒ CHECK HERE IF MAKING CHANGES.

4. FEI Number 59-3588756 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRAHAM, PETER D
5200 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

7. Name and Address of New Registered Agent

Name EDWIN A. HOTZ
Street Address (P.O. Box Number is Not Acceptable) 4615 CENTRAL AVE
City ST. PETERSBURG FL Zip Code 33713

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] EDWIN A. HOTZ 3/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature 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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O HOTZ, EDWIN 4615 CENTRAL AVENUE ST. PETERSBURG, FL 33713 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600019085516 05/15/03--01058--013 **558.75
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/13/03 727 321-6646 EXT 112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/21