

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 19, 2001 08:00 AM
Secretary of State

DOCUMENT # P98000059056

1. Entity Name
INVESTMENT PROPERTY MANAGEMENT CORPORATION

Principal Place of Business 11268 93RD ST. N. LARGO FL 33773	Mailing Address 11268 93RD ST. N. LARGO FL 33773
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2. Principal Place of Business P.O. BOX 425 Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 425 Suite, Apt. #, etc.
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City & State BRANDON FL	City & State BRANDON FL	4. FEI Number 59-3530061	Applied For <input type="checkbox"/>
Zip 33509	Country	Zip 33509	Country

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

Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GERSTING MARK A
 11268 93RD ST. N.

 LARGO FL 33773

7. Name and Address of New Registered Agent

Name
 GERSTING MARK A
 Street Address (P.O. Box Number is Not Acceptable)
 4207 HELENE PLACE

 City VALRICO FL Zip Code 33594

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 _____ DATE **01/19/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GERSTING D F P.O. BOX 425 BRANDON FL 33509 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERSTING MARK A P.O. BOX 425 BRANDON FL 33509 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MARK A. GERSTING **D** 01/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)