04/27/2001 13:20 5613400291 EDWARD J ONEIL

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 90691 022 ***150.00

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DOCUMENT # P98000063400

1. Entity Name

THE NEW TOTAL PROPERTY CARE INC

Principal Place of Business	Mailing Address
2510 GREY TWIG LANE FORT PIERCE FL 34981	2510 GREY TWIG LANE FORT PIERCE, FL. 34981

2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.
Suite, Apt. #, etc.
City & State
City & State
Zip Country
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0887561 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHARPE, DIANE
2510 GREY TWIG LANE
FORT PIERCE, FL 34981

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (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. (See criteria on back) ☒

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	D SHARPE, DIANE 2510 GREY TWIG LANE FORT PIERCE, FL. 34981	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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CR2E034 (11/00)

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: [signature] DIANE SHARPE 4/27/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL32381F.1