

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
 04-12-2001 90162 014 ***150.00

0549400

DOCUMENT # P99000031324

1. Entity Name

19/4 PROPERTIES, INC.

Principal Place of Business

**450 W. NORVELL BRYANT HWY.
 HERNANDO FL 34442**

Mailing Address

**450 W. NORVELL BRYANT HWY.
 HERNANDO FL 34442**

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

59-3572601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ROBERTS, RICHARD E
 450 W. NORVELL BRYANT HWY.
 HERNANDO FL 34442**

7. Name and Address of New Registered Agent

Name

Roberts, Natalie U.

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

450 W. Norvell Bryant Hwy

City

Hernando, FL

FL

Zip Code

34442-5105

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 Natalie U. Roberts

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

NATALIE U. ROBERTS

(NOTE: Registered Agent signature required when reinstating)

4/8/01

Date

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 **PD** ☒ Delete
 NAME **FREEDMAN, JEROME D**
 STREET ADDRESS **P.O. BOX 483**
 CITY-ST-ZIP **HOMOSASSA SPRINGS FL 34447**
Deceased

TITLE **VD** ☐ Delete
 NAME **FREEDMAN, HELEN D**
 STREET ADDRESS **P.O. BOX 483**
 CITY-ST-ZIP **HOMOSASSA SPRINGS FL 34447**

TITLE **TD** ☒ Delete
 NAME **ROBERTS, RICHARD E**
 STREET ADDRESS **450 W. NORVELL BRYANT HWY.**
 CITY-ST-ZIP **HERNANDO FL 34442**
Deceased

TITLE **SD** ☐ Delete
 NAME **ROBERTS, NATALIE U**
 STREET ADDRESS **450 W. NORVELL BRYANT HWY.**
 CITY-ST-ZIP **HERNANDO FL 34442**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD-TD** ☒ Change ☐ Addition
 NAME **Freedman, Helen D.**
 STREET ADDRESS **P.O. Box 131340**
 CITY-ST-ZIP **Ann Arbor, MI 48133-1340**

TITLE **VD-SD** ☒ Change ☐ Addition
 NAME **Roberts, Natalie U.**
 STREET ADDRESS **450 W. Norvell Bryant Hwy**
 CITY-ST-ZIP **Hernando, FL 34442-5105**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Natalie U. Roberts NATALIE U. Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/01

Date

352-746-3500

Daytime Phone #

CR2E034 (10/00)