

FILED  
May 22, 2003 8:00 am  
Secretary of State

04-28-2003 91398 020 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

4/28/

DOCUMENT # P99000031324

Entity Name

19/4 Properties, Inc



**DO NOT WRITE IN THIS SPACE**

**55042807**

1. Principal Place of Business <u>1036 Serpentine Dr. S.</u> Suite, Apt. #, etc.		3. Mailing Address <u>same</u> Suite, Apt. #, etc.	
City & State <u>St. Petersburg, FL</u>		City & State	
Zip <u>33705</u>	Country <u>Rinellas</u>	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-3572601</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <u>Natalie U. Roberts</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>1036 Serpentine Dr. S.</u>			
City <u>St. Petersburg</u>		FL	Zip Code <u>33705</u>

**DO NOT WRITE  
IN THIS SPACE**

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

Natalie U. Roberts

Signature, typed or printed name of registered agent and fee is applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
(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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Helen D. Freedman</u> <u>33 Bumelia Ct.</u> <u>Homesassa, FL 34446</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary-Treasurer</u> <u>Natalie U. Roberts</u> <u>1036 Serpentine Dr. S.</u> <u>St. Petersburg, FL 33705</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Natalie U. Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Natalie U. Roberts

4/28/03

727-864-2766

DATE

Daytime Phone

CR2E034B (12/02)