JUN. 8.2000 10:22AM 6.

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2000 8:00 am
Secretary of State
06-13-2000 90010 006 ***150.00

DOCUMENT # P99000031946 R

1. Entity Name: Carpe Diem Properties, Inc.

Principal Place of Business	Mailing Address
5365 E. Highway 30A Suite 105 Seagrove Beach, FL 32459	5365 E. Highway 30 A Suite 105 Seagrove Beach, FL 32459

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: 59-359 3716 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Franklin H. Watson, P.A.
5365 E. Highway 30-A, Suite 105
Seagrove BEach, FL 32459

7. Name and Address of New Registered Agent

Name: Franklni H. Watson, P.A.
Street Address (P.O. Box Number is Not Acceptable): 5365 E. Highway 30A, Suite 105
City: Seagrove Beach, FL Zip Code: 32459

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

Title / Name / Street Address / City-St-Zip		
PVST	Franklin H. Watson 5365 E. Highway 30A, Suite 105 Seagrove Beach, FL 32459	☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Title / Name / Street Address / City-St-Zip	
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #