

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

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90148 001 ***300.00

DOCUMENT # P99 0000 38594
1. Entity Name
JOPA PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 461
Suite, Apt. #, etc.

3. Mailing Address
13687 CROFT DR. N.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
INDIAN ROCKS BCH, FL.
Zip
33785
Country
U.S.

City & State
LARGO FL.
Zip
33774
Country
US

4. FEI Number
59-3575568
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
WILLIAM LOVE LACE
Street Address (P.O. Box Number is Not Acceptable)
401 S. LINCOLN AVE.
City
CLEAR WATER **FL** Zip Code
33756

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible
Fax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>PRESIDENT</u> <u>PATRICIA J. SMITH</u> <u>13687 CROFT DR. N.</u> <u>LARGO, FL 33774</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>DOAN L. SMITH</u> <u>13687 CROFT DR. N.</u> <u>LARGO, FL 33774</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia J. Smith Patricia J. Smith 4-23-02 7275961275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)