

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000062355**

1. Entity Name

FLORIDA PREFERRED PROPERTY GROUP, INC.**FILED**
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90017 019 ***150.00

Principal Place of Business

Mailing Address

4134 GULF OF MEXICO DRIVE
SUITE 302
LONGBOAT KEY FL 342284134 GULF OF MEXICO DRIVE
SUITE 302
LONGBOAT KEY FL 34228-2614

2. Principal Place of Business

3. Mailing Address

1434 Londra Lane
Suite, Apt. #, etc.1434 Londra Lane
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Kissimmee, FL 34744City & State
Kissimmee, FL 34744

4. FEI Number

65-0938093

Applied For

Not Applicable

Zip Country
34744 USAZip Country
34744 USA5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTU, HARDY
4134 GULF OF MEXICO DRIVE
SUITE 302
LONGBOAT KEY FL 34228

Name

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

1434 Londra Lane

City
Kissimmee

FL

Zip Code
34744

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 reinstalling)

DATE

5/1/00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete
PD	MATTU, HARDY	4134 GULF OF MEXICO DRIVE SUITE 302	LONGBOAT KEY FL 34228	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		1434 Londra Lane	Kissimmee, FL 34744	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARDY MATTU

Date

5/1/00

Daytime Phone #

407 846 8770

CR2E034 (9/99)