2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State
06-06-2000 90008 045 ***158.75

DOCUMENT # P99000073554

1. Entity Name
MAIN Properties Management

Principal Place of Business	Mailing Address
42 W 38th St Jacksonville, Florida 32206	P.O. Box 19126 Jacksonville, FL 32209

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
42 West 38th St	P.O. Box 19126
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Fl 32206	City & State: Jacksonville, Fl
Zip: 32206 Country: Duval	Zip: 32209 Country: Duval

4. FEI Number 59-3593254 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
G. Everett Burghardt Williams, I
3721 Hendricks Avenue
Post Office Box 10293
Jacksonville, Florida 32247-0293

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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) ☐

FILE NOW!!! FEE IS $150.00 After MAY 1 ... $550.00 Make Checks Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President, Director	☐ Delete
NAME	Izell Blunt	
STREET ADDRESS	1258 W 30th St	
CITY-ST-ZIP	Jacksonville, FL 32209	
TITLE	Vice President, Treasurer, Dir.	☐ Delete
NAME	Raydeen Blunt	
STREET ADDRESS	5685 Sandra Lane	
CITY-ST-ZIP	Jacksonville, FL 32208	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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: Raydeen Blunt, Raydeen Blunt, V. Pres. Secretary, Treasurer, 904 354-3623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #