

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073554

1. Entity Name

MAIN PROPERTIES MANAGEMENT, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90137 031 ***158.75

Principal Place of Business

3721 HENDRICKS AVE
 PO BOX 10293
 JACKSONVILLE FL 32247-0293

Mailing Address

3721 HENDRICKS AVE
 PO BOX 10293
 JACKSONVILLE FL 32247-0293

2. Principal Place of Business

40 West 38th St
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 18126
 Suite, Apt. #, etc.

80055921



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL
 Zip 32206 Country USA

City & State

Jacksonville, FL
 Zip 32209 Country USA

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 AVE
 JACKSONVILLE FL 32207

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, 2001 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	BLUNT, IZELL	
STREET ADDRESS	2685 SANDRA LANE, PO BOX 12126	
CITY-ST-ZIP	JACKSONVILLE FL 32209-2126	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLUNT, RAYDEEN S	
STREET ADDRESS	2685 SANDRA LANE, PO BOX 12126	
CITY-ST-ZIP	JACKSONVILLE FL 32209-2126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

CR2E034 (10/00)