

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90007 005 ***150.00

DOCUMENT # P99000075659

1. Entity Name

PROPREP OF FLORIDA, INC.

Principal Place of Business

**2183 CAPE WAY
 NORTH FT MYERS FL 33917-2505**

Mailing Address

**2183 CAPE WAY
 NORTH FT MYERS FL 33917-2505**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1455 Winston Road

Suite, Apt. #, etc.

1455 Winston Road

City & State

N. Fort Myers, FL

City & State

N. Fort Myers, FL

Zip

33917

Country

USA

Zip

33917

Country

USA

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GORDON, MARTIN R
 2183 CAPE WAY
 NORTH FT. MYERS FL 33971-2505**

Name

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

1455 Winston Road

City

North Ft. Myers

FL

Zip Code

33917

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **FISHER, DAVID E**
 STREET ADDRESS **3531 E BARON COURT**
 CITY-ST-ZIP **ORANGE CA 92869**

TITLE **D** ☒ Change ☐ Addition
 NAME **Fischer, David E.**
 STREET ADDRESS **784 N. Lemon St.**
 CITY-ST-ZIP **Orange, CA 92867**

TITLE **D** ☐ Delete
 NAME **GORDON, MARTIN R**
 STREET ADDRESS **2183 CAPE WAY**
 CITY-ST-ZIP **NORTH FT. MYERS FL 33971-2505**

TITLE **D** ☒ Change ☐ Addition
 NAME **Fischer, David E.**
 STREET ADDRESS **784 N. Lemon St.**
 CITY-ST-ZIP **Orange, CA 92867**

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TITLE ☐ Change ☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/02

941 5674136

CR2E034 (9/01)