

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90014 012 ***150.00

DOCUMENT # P99000092163

1. Entity Name
ALTERNATIVE PROPERTY MANAGEMENT & REAL ESTATE, I

Principal Place of Business Mailing Address
 5441 JAMES ST 5441 JAMES ST
 NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652-3927

EFFECTIVE MAY 1, 2000

2. Principal Place of Business 3. Mailing Address
6235 GRAND BLVD. **6235 GRAND BLVD.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
NEW PORT RICHEY **NEW PORT RICHEY**
 City & State City & State
FL **FL**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3606973** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DEFLUITER, MISHAEL
6915 RIVER RD
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent
 Name **MISHAEL DEFLUITER**
 Street Address (P.O. Box Number is Not Acceptable) **7346 SEQUOIA DRIVE**
 City **NEW PORT RICHEY** FL Zip Code **34653**

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 *Michael DeFluiter* DATE 4/6/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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 NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete PD DEFLUITER, MISHAEL 6915 RIVER RD NEW PORT RICHEY FL 34652	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7346 SEQUOIA DRIVE NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete VST KIERNAN, PATRICK J 8717 SABAL WAY PORT RICHEY FL 34668	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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: *Michael DeFluiter* DATE 4/6/00 727-848-2560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Time Phone #

CR2E034 (9/99)