

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 20, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000105997**1. Entity Name
ALICE PROPPER, INC.

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| Principal Place of Business 3424 SANCTUARY BLVD. JACKSONVILLE FL 32250 | Mailing Address 3424 SANCTUARY BLVD. JACKSONVILLE FL 32250 |
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|--|--|
| 2. Principal Place of Business 712-1 OCEANFRONT | 3. Mailing Address 712-1 OCEANFRONT |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|----------------------------------|----------------------------------|
| City & State NEPTUNE BEACH FL | City & State NEPTUNE BEACH FL |
| Zip 32266 | Country |

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-3612696 | 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 AgentPROPPER ALICE D
3424 SANCTUARY BLVD.

JACKSONVILLE FL 32250**7. Name and Address of New Registered Agent**

| |
|--|
| Name PROPPER ALICE D |
| Street Address (P.O. Box Number is Not Acceptable) 712-1 OCEANFRONT |
| City NEPTUNE BEACH FL |
| Zip Code 32266 |

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 ALICE D. PROPPER04/20/2001

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PROPPER ALICE D 3424 SANCTUARY BLVD. JACKSONVILLE FL 32250 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PROPPER ALICE D 712-1 OCEANFRONT NEPTUNE BEACH FL 32266 | <input checked="" 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 |
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| 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: Alice D. Propper

Pres

04/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)