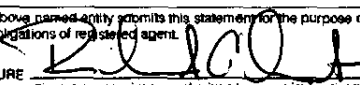


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90161 013 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000110915			
1. Entity Name FIRST TRUST PROPERTIES, INC.			
Principal Place of Business 19 CONCORD DRIVE ORMOND BEACH, FL 32176		Mailing Address 19 CONCORD DRIVE ORMOND BEACH, FL 32176	
2. Principal Place of Business 863 PINE FOREST TRAIL W Suite, Apt. #, etc.		3. Mailing Address 863 PINE FOREST TRAIL W Suite, Apt. #, etc.	
City & State PORT ORANGE, FLA		City & State PORT ORANGE, FLA	
Zip 32127	Country FLORIDA	Zip 32127	Country FLORIDA
4. FEI Number 59-3620996		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUINT, RICHARD 19 CONCORD DRIVE ORMOND BEACH, FL 32176		7. Name and Address of New Registered Agent Name: RICHARD QUINT Street Address (P.O. Box Number is Not Acceptable) 863 PINE FOREST TRAIL W City: PORT ORANGE FL Zip Code: 32127	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  1/28/03 Signature is typed or printed name of registered agent and not required. (NOTE: Registered Agent's signature required when submitting.)			
9. Election Campaign Financing Trust Fund Contribution. ☐		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE: D NAME: QUINT, RICHARD STREET ADDRESS: 19 CONCORD DRIVE CITY-ST-ZIP: ORMOND BEACH, FL 32176		TITLE: QUINT, RICHARD NAME: QUINT, RICHARD STREET ADDRESS: 863 PINE FOREST TRAIL W CITY-ST-ZIP: PORT ORANGE, FLA 32127	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition	
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition	
12. 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 10 or Block 11 if changed, or in an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/28/03 386-615-0888	