

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S04560

1. Entity Name

PROPERTY EXCHANGE NETWORK, INC.

Principal Place of Business

Mailing Address

8660 COLLEGE PARKWAY
STE 60
FT. MYERS FL 33919
US

PO BOX 61635
FT. MYERS FL 33906-1635
US

2. Principal Place of Business

3. Mailing Address

8750-11 Gladiolus DR

8750-11 Gladiolus DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 500

Suite 500

City & State

City & State

FT. MYERS FL

FT. MYERS FL

Zip

Country

Zip

Country

33908-1910

USA

33908-1910

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DORAGH, PETER D~~
~~12071 WEDGE DR~~
~~FT. MYERS FL 33913~~

Name

NATHAN MOLDOVSKY

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

8750-11 Gladiolus DR

Suite 500

City

FT MYERS

FL

Zip Code 33908-1910

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

NATHAN MOLDOVSKY

2/11/2000

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, 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 PSTD
NAME MOLDOVSKY, NATHAN
STREET ADDRESS 14801 LAGUNA DR, PO BOX 07166
CITY-ST-ZIP FT MYERS FL 33919

TITLE PSTD
NAME MOLDOVSKY, NATHAN
STREET ADDRESS 8750-11 Gladiolus DR Suite 500
CITY-ST-ZIP FT MYERS FL 33908-1910

TITLE
NAME ~~CASTEROTO, DAVID~~
STREET ADDRESS ~~5730 WINKLER RD~~
CITY-ST-ZIP ~~FT MYERS FL 33919~~

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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

NATHAN MOLDOVSKY

Date

2/11/2000

Daytime Phone #

(941) 481-1800

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90179 039 ***150.00



DO NOT WRITE IN THIS SPACE