

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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FLORIDA DEPARTMENT OF STATE

SECRETARY OF STATE

1000 BANK BUILDING

TALLAHASSEE, FLORIDA 32399-0001

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS

95 MAY -1 AM 11:34

DOCUMENT # S20549

(9)

UNITED PROPERTY GROUP, INC.

(DO NOT WRITE IN THIS SPACE)

1. Principal Office Address 620 MATLAND AVE. ALTAMONTE SPRINGS FL 32701		2a. Mailing Address 620 MATLAND AVE. ALTAMONTE SPRINGS FL 32701		3. Date of Official Filing 12/24/1990	3a. Date of Last Report 04/14/1994
2. Principal Office Telephone 21	2b. Mailing Address Telephone 26	4. FEI Number 59-3045016		Approved For Not Applicable	
22	27	5. Certificate of Status Requested ☒ \$8.75 Additional Fee Required			
23	28	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
24	25	29	30	8. The corporation has liability for intangible taxes under 1994 (1995) Florida Statute ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent KLING, ALICE L. 514-35 ORANGE DRIVE ALTAMONTE SPRINGS FL 32701		10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code	
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11. I, the undersigned, being a duly qualified officer or director of the above named corporation, hereby certify that the foregoing is a true and correct statement of the information required by Chapter 607, Florida Statutes, and that the same has been filed with the Secretary of State for filing and recording.

Signature of Officer or Director: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN:	
NAME	PSD KLING, ALICE L. 514-35 ORANGE DRIVE ALTAMONTE SPRINGS FL	NAME	
ADDRESS		ADDRESS	
NAME		NAME	
ADDRESS		ADDRESS	
NAME		NAME	
ADDRESS		ADDRESS	
NAME		NAME	
ADDRESS		ADDRESS	
NAME		NAME	
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NAME		NAME	
ADDRESS		ADDRESS	
NAME		NAME	
ADDRESS		ADDRESS	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.02(2)(b), Florida Statutes. I further certify that the information submitted is the official report of supplemental annual report of this corporation and that my signature shall be the same as the signature I use to make under oath that the information is true and correct for the corporation or the recipient of the information. I understand that I am responsible for the accuracy of the information and that my name appears on Block 1 of Block 1 of the report or on an attachment with an address.

SIGNATURE: Alice L. Kling Alice L. Kling Apr 19, 1995 (407) 767-8170
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR