

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S97616

1. Entity Name

BUDGET PROPERTY MANAGEMENT SERVICES, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90033 004 ***158.75

| | |
|--|--|
| Principal Place of Business 396D GOLFVIEW ROAD NORTH PALM BEACH FL 33408 | Mailing Address 396D GOLFVIEW ROAD NORTH PALM BEACH FL 33408 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | | |
|----------------------------------|--|-------------------------------------|---|
| 4. FEI Number | | NOT APPLICABLE | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | | <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| HOPKINS, JANE F. 396-D GOLFVIEW RD. NORTH PALM BEACH FL 33408 | | Name: DAVID B HOPKINS Street Address (P.O. Box Number is Not Acceptable) 396D Golfview Road City: North Palm Beach FL Zip Code: 33408 | |

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: *DB Hopkins* DB HOPKINS 1/23/01
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) <input checked="" type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PD HOPKINS, JANE F 396-D GOLFVIEW DRIVE NORTH PALM BEACH FL 33408 <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 | VSTD HOPKINS, DAVID F 396-D GOLFVIEW DRIVE NORTH PALM BEACH FL 33408 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *DB Hopkins* DB HOPKINS 1/23/01 561-642-5080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)