

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90105 009 ***150.00

DOCUMENT # L35672

1. Entity Name
FBMB PROPERTIES, INC.



Principal Place of Business
**1500 BELVIDERE ROAD
WAUKEGAN IL 60085**

Mailing Address
**1500 BELVIDERE ROAD
WAUKEGAN IL 60085**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LIBERTYVILLE, IL LIBERTYVILLE, IL

City & State

LIBERTYVILLE, IL LIBERTYVILLE, IL

FEI Number **59-2982200**

Applied For
 Not Applicable

Zip **60048** Country

Zip **60048** Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WALTERS, MICHAEL A.
225 WATER ST.
SUITE 2000
JACKSONVILLE FL**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete
NAME	BLAZEVIK, FRANK	
STREET ADDRESS	1500 BELVIDERE ST.	
CITY-ST-ZIP	WAUKEGAN IL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CREAMER, JEANETTE	
STREET ADDRESS	4121 DILLON STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/03 847-549-0040
Date Daytime Phone #

CR2E034 (10/02)