

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

MARSHALL AV

DOCUMENT # P96000005747

1. Entity Name
R2 PROPERTY COMPANY LTD., INC.

02-24-2002 90022 032 ***150.00

Principal Place of Business
1760 CLEARWATER-LARGO ROAD
STE #40
CLEARWATER FL 34616
US

Mailing Address
10266 51ST AVE NO
ST PETERSBURG FL 33708
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3354336**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMMERS, LAURIE J
6950 CENTRAL AVENUE
SUITE 170
ST PETERSBURG FL 33707

Name **JUNE. P. Shadowens.**
 Street Address (P.O. Box Number is Not Acceptable)
10266 51 AVE N.
 City **St. Petersburg** **FL** Zip Code **33708**

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 *June Shadowens*
 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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	D <input type="checkbox"/> Delete
NAME	SHADOWENS, JEFF D
STREET ADDRESS	10266 51ST AVE N
CITY-ST-ZIP	ST PETERSBURG FL 33708
TITLE	D <input type="checkbox"/> Delete
NAME	SHADOWENS, JUNE P
STREET ADDRESS	10266 51ST AVE N
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Jeff Shadowens*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-02 **727-434-0265**
 Date Daytime Phone #

CR2E034 (9/01)