

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90101 032 ***150.00

DOCUMENT # 228636

1. Entity Name
CLAIRE MALONE-TEQUESTA REALTY, INC.



Principal Place of Business
**390 TEQUESTA DR.
SUITE D
TEQUESTA FL 33469**

Mailing Address
**390 TEQUESTA DR.
SUITE D
TEQUESTA FL 33469**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-0877743

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

**MALONE, CLAIRE C
6 GARDEN STREET #206
TEQUESTA FL 33469**

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

**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: PD
NAME: MALONE, CLAIRE C
STREET ADDRESS: 6 GARDEN STREET, #206
CITY-ST-ZIP: TEQUESTA FL 33469
☐ Delete

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____
☐ Change ☐ Addition

TITLE: V
NAME: MARCHANT, CHRISTOPHER C
STREET ADDRESS: 2702 WEST BAY AREA BLVD, #4108
CITY-ST-ZIP: WEBSTER TX 77598
☐ Delete

TITLE: _____
NAME: _____
STREET ADDRESS: 2601 N. Repsdorph Rd., Apt 508
CITY-ST-ZIP: Seabrook, TX 77586
☒ Change ☐ Addition

TITLE: STD
NAME: MARCHANT, DEBORAH M
STREET ADDRESS: 6 GARDEN STREET, #206
CITY-ST-ZIP: TEQUESTA FL 33469
☐ Delete

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____
☐ Change ☐ Addition

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____
☐ Delete

TITLE: _____
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STREET ADDRESS: _____
CITY-ST-ZIP: _____
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP: _____
☐ Delete

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NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____
☐ Change ☐ Addition

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: Claire C. Malone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-03

561-746-3848

Date

Daytime Phone #

CR2E034 (10/02)