

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90192 022 ***150.00

DOCUMENT # F78349

1. Entity Name
SEBRING MULTIPLE LISTING SERVICE, INC.



Principal Place of Business
**815 US 27 SOUTH
SEBRING FL 33870
US**

Mailing Address
**815 US 27 SOUTH
SEBRING FL 33870
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2205923**

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

**MARINE, DEBRA A
815 US 27 SOUTH
SEBRING FL 33870**

Name **ARIANNA JORDAN BURKE**

Street Address (P.O. Box Number is Not Acceptable)

815 US 27 South

City **SEBRING**

FL

Zip Code **33870**

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 *Arianna Jordan Burke*, **ARIANNA JORDAN BURKE, Assoc. EXEC.** **3-31-03**
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 NAME STREET ADDRESS CITY-ST-ZIP	P. BOCK, TERESA 2617 US 27 SOUTH SEBRING FL 33870	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE CARTER, RONNIE T 1843 US 27 NORTH SEBRING FL 33870	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARTER, PERRY W 1843 US 27 NORTH SEBRING FL 33870	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOWARDS, ERIN 809 US 27 SOUTH SEBRING FL 33870	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, SUSAN 1167 US 27 SOUTH SEBRING FL 33870	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AR MARINE, DEBRA A 815 US 27 SOUTH SEBRING FL 33870	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARTER, RONNIE T 1843 US 27 North SEBRING, FL 33870	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE CARTER, PERRY W 1843 US 27 North SEBRING, FL 33870	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOCK, TERESA 2617 US 27 South SEBRING, FL 33870	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOOD, JAMES W. JR 1000-A W. MAIN ST AUBURN PARK, FL 33825	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AE BURKE, ARIANNA J. 815 US 27 South SEBRING, FL 33870	☒ 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: *Arianna Jordan Burke*, **ARIANNA JORDAN BURKE** **3-31-03** **863-3856014**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)