

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

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

03-03-2003 90968 016 ***150.00

DOCUMENT # F88345

1. Entity Name
THE REALTY EXPERTS, INC.



Principal Place of Business
~~5175 SOUTH CONGRESS AVE.~~
~~SUITE PH~~
~~PALM SPRINGS FL 33461~~

Mailing Address
P.O. BOX 221513
WEST PALM BEACH FL 33422



2. Principal Place of Business
3011 Exchange Ct.
Suite, Apt. #, etc.
104

3. Mailing Address
Suite, Apt. #, etc.

City & State
West Palm Beach, FL 33409

City & State

Zip Country
33409 Palm Beach

Zip Country

4. FEI Number **59-2205416**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROCKRISE, SALLY S
~~5175 SO CONGRESS~~
~~SUITE PH~~
~~PALM SPRINGS FL 33461~~

7. Name and Address of New Registered Agent

Name

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

3011 Exchange Ct., Suite 104

City **West Palm Beach** **FL** Zip Code **33409**

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

TITLE **PSTD**
NAME **ROCKRISE, SALLY S**
STREET ADDRESS **PO BOX 221513**
CITY-ST-ZIP **WEST PALM BEACH FL 33422**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03 **561-471-9940**
Date Daytime Phone #

CR2E034 (10/02)