


**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F98000006436**  
 1. Entity Name  
**REALTY MANAGEMENT CONSULTANTS, INC.**

Principal Place of Business Mailing Address  
 P.O. BOX 211068 P.O. BOX 211068  
 MILWAUKEE WI 53221-8018 MILWAUKEE WI 53221-8018

2. Principal Place of Business 3. Mailing Address  
 P.O. BOX 137 P.O. BOX 137  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 GREENDALE, WI GREENDALE, WI  
 Zip Country Zip Country  
 53129-0137 53129-0137

**FILED**  
 01 DEC 13 PM 1:08  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
  
 DO NOT WRITE IN THIS SPACE

4. FEI Number **39-1283688** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**STROSS LAW FIRM, Professional Association**  
 33920 U.S.-19 NORTH, SUITE 351  
 PALM HARBOR FL 34684-2650

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.  
 SIGNATURE *Thomas* AS its president DATE 12/10/01  
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	PCT SCHLYTTER, ROBERT B 2704-C SOUTH SHORE DRIVE BAY VIEW WI 53207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300004746553--6 -01/02/02--01024--017 ****750.00 ****750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSVC RIORDAN, SUSAN L 2615 NORMAN COURT BROOKFIELD WI 53045 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>REINSTATEMENT</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Thomas* **SIGNATURE REQUIRED** 10/23/01 442816000  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

0139028 AB  
 CR2E034 (5/01)