

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-20-2003 90108 018 ***150.00



DOCUMENT # F98000006436

1. Entity Name
REALTY MANAGEMENT CONSULTANTS, INC.

Principal Place of Business
**5111 S. 76TH STREET
2ND FLOOR
GREENDALE WI 53129**

Mailing Address
**P.O. BOX 137
GREENDALE WI 53129**

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **39-1283688**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

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

**STROSS LAW FIRM, PROFESSIONAL ASSOCIATION
33920 U.S. 19 NORTH, SUITE 351
PALM HARBOR FL 34684-2650**

Name

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

1801 Pepper Tree Drive

City **Oldsmar**

FL Zip Code **34677**

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 *Lawrence C. Stross*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/2003

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 Delete
NAME **PCT**
STREET ADDRESS **SCHLYTTER, ROBERT B**
CITY-ST-ZIP **2704-C SOUTH SHORE DRIVE
BAY VIEW WI 53207**

TITLE Change Addition
NAME
STREET ADDRESS **2718 South Shore Drive**
CITY-ST-ZIP

TITLE Delete
NAME **VSVC**
STREET ADDRESS **RIORDAN, SUSAN L**
CITY-ST-ZIP **2615 NORMAN COURT
BROOKFIELD WI 53045**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
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TITLE Change Addition
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TITLE Delete
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Susan L Riordan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/2003

Date

414/281-6000

Daytime Phone #

CR2E034 (10/02)