

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90134 030 ***155.00

DOCUMENT # G47056

1. Entity Name
INVESTORS REALTY SERVICES OF CENTRAL FLORIDA, IN

Principal Place of Business
**499 NORTH S.R. 434
 SUITE 2113
 ALTAMONTE SPRINGS FL 32714
 US**

Mailing Address
**PO BOX 161314
 ALTAMONTE SPRINGS FL 32716-1314
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
119 HIDDEN OAK DR.

3. Mailing Address

Suite, Apt. #, etc.
LONGWOOD

Suite, Apt. #, etc.

City & State
LONGWOOD FL

City & State

4. FEI Number **59-2385767**

Applied For
 Not Applicable

Zip **33779-4905** Country **SEMINOLE**

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

**NICOLAU, NICK G
 119 HIDDEN OAK DRIVE
 LONGWOOD FL 32779**

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 _____ DATE _____
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 \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
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
	P/S P.V. NICOLAU, NICK G.	119 HIDDEN OAK DR. LONGWOOD FL	<input type="checkbox"/>				<input type="checkbox"/>
	S VIRGINIA F. HOFFMAN	119 HIDDEN OAK DR. LONGWOOD FL	<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>

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: Nick G. Nicolau Date: 2-29-2000 Daytime Phone #: (407) 774-5615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)