FILED Mar 15, 2000 8:00 am Secretary of State 03-15-2000 90079 013 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H14669

PHASE III REAL ESTATE SERVICES, INC.

1. Entity Name

Principal Plac	e of Business	N	Mailing Address					
14831 LAGUNA FT.MYERS FL 3 US			1831 LAGUNA DRIVE T. MYERS FL 33908-2181 S				191000	Dit Biski cáší
2. Principal P	lace of Business	3.	Mailing Address					
Suite, Apt. #, etc.		-	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State	9 		City & State		4. FEI Number	59-2578798	N	oplied For ot Applicable
Zip _	Country		Zipi	Country	5. Certificate of	Status Desired	S8.75 Ad	
	6. Name and Address of	Current Regi	stered Agent		7. Name and Ac	dress of New Regis	stered Agent	
FASIG, DONALD L. 14831 LAGUNA DRIVE FT.MYERS FL 33908			• •		Name Street Address (P.O. Box Number is Not Acceptable)			
1 1.14	11 ENG E 00000			City			FL Zip Coo	le
9 The above	named entity submits this state	amont for the	curpose of changing its	e registered office or regis	stered agent or both i	n the State of Florida		
o. The above	named entity submits this state	ernent for the	purpose or changing its	s registered office of regis	stered agent, or both, i	THE State OF FISHIOL	a.	
SIGNATURE _								
SIGIO II CITE	Signature, typed or printed name of registe	ered agent and title	if applicable. (NO	TE: Registered Agent signature requ	uired when reinstating)		DATE	
			<u></u>					
9. This corpo	oration is eligible to satisfy its In equirement and elects to do so ia on back)	-	After MAY 1, 20	1!! FEE IS \$150.00 000 Fee will be \$550.0 ble to Department of \$	O Trust F	on Campaign Financ Fund Contribution.		00 May Be d to Fees
9. This corpo	equirement and elects to do so ria on back)	o	After MAY 1, 20 Make Check Paya	000 Fee will be \$550.0	State	Fund Contribution.		d to Fees
9. This corpo Tax filing ra (See criter	equirement and elects to do scria on back) OFFICEI). 	After MAY 1, 20 Make Check Paya	000 Fee will be \$550.0 ble to Department of \$	State	Fund Contribution.	☐ Adde	d to Fees
9. This corporate filling in (See criter) 11. TITLE NAME	OFFICEI PD FASIG, DONALD L.). 	After MAY 1, 20 Make Check Paya CTORS	000 Fee will be \$550.0 ble to Department of \$ 12. TITLE NAME	State	Fund Contribution.	RS AND DIRECTOR	d to Fees
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of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.