

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91150 034 ***150.00

DOCUMENT # **LC0070** ✓

1. Entity Name
JUNE PEKOL REALTY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15470 KILBIRNIE DRIVE
Suite, Apt. #, etc.

3. Mailing Address
15470 KILBIRNIE DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FORT MYERS, FL

City & State
FORT MYERS, FL

4. FEI Number
65-0256178

Applied For
Not Applicable

Zip
33912-2423

Country
USA

Zip
33912-2423

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JUNE PEKOL

Street Address (P.O. Box Number is Not Acceptable)
15470 KILBIRNIE DRIVE

City
FORT MYERS

FL

Zip Code
33912

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
PRES.
NAME
JUNE PEKOL
STREET ADDRESS
15470 KILBIRNIE DRIVE
CITY-ST-ZIP
FORT MYERS, FL 33912

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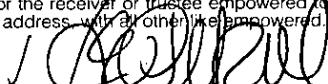
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IN THIS SPACE**

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 on an attachment with an address, with another, if empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 441768-1556
Date Daytime Phone #

CR2E034B (12/01)