


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

**DOCUMENT #** L 60074 ✓  
**1. Entity Name**  
 JUNE PEKOL REALTY, INC.



55045627

**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

**4. FEI Number** 65-0256178 **Applied For**  
 Not Applicable

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

**City & State** FORT MYERS, FL **City & State** FORT MYERS, FL

**Zip** 33912 **Country** USA **Zip** 33912 **Country** USA

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) **DATE** \_\_\_\_\_

January 1st - May 31st Fee is \$150.00  
 After May 31st Fee is \$550.00  
 Amended UBR is \$61.25  
 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	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>
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**DO NOT WRITE IN THIS SPACE**

**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 on an attachment with an address, with all other lists empowered.**

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

5/27/03 2397681556  
Date Daytime Phone #

CR2E034B (12/02)