

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90234 049 ***150.00

DOCUMENT # P02000038322

1. Entity Name
PALM COAST FLORIDA REAL ESTATE COMPANY



Principal Place of Business
~~4 FLORIDA PARK DRIVE S.~~
~~SUITE 002~~
PALM COAST FL 32137

Mailing Address
~~4 FLORIDA PARK DRIVE S.~~
~~SUITE 332~~
PALM COAST FL 32137



2. Principal Place of Business
106 Palm Coast Pkwy NE

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Palm Coast, FL

City & State
SAME

Zip
32137

Country
USA

4. FEI Number
74-3038516

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

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

MARCHELLETTA, ANTHONY D
~~4 FLORIDA PARK DRIVE S.~~
~~SUITE 002~~
PALM COAST FL ~~32137~~

7. Name and Address of New Registered Agent

Name
Anthony D. Marchelletta

Street Address (P.O. Box Number is Not Acceptable)
106 Palm Coast Pkwy NE

City & State
Palm Coast FL

Zip
32137

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 understand, the obligations of registered agent.

SIGNATURE *Anthony D. Marchelletta* / *Owner*

DATE *2-11-03*

FILE NOW!!! FEE \$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

TITLE	P	<input type="checkbox"/> Delete
NAME	MARCHELLETTA, ANTHONY D	→
STREET ADDRESS	4 FLORIDA PARK DRIVE S. SUITE 332	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>106 Palm Coast Pkwy NE</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Anthony D. Marchelletta* / *Owner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: *2-11-03*

Daytime Phone #: *386446-0080*

CR2E034 (10/02)