

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90399 036 \*\*\*150.00

UNRECORDED AV

**DOCUMENT # P94000012233**

1. Entity Name  
**BUYER'S FRIEND REALTY, INC.**

Principal Place of Business      Mailing Address  
**9471 BAYMEADOWS ROAD**      **9471 BAYMEADOWS ROAD**  
**SUITE 201**      **SUITE 201**  
**JACKSONVILLE FL 32256**      **JACKSONVILLE FL 32256**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**9471 Baymeadows Road**      **5099 ATLANTIC VIEW**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE 302**      -

City & State      City & State  
**JACKSONVILLE, FL**      **ST. AUGUSTINE, FL**

Zip      Country      Zip      Country  
**32256**      **DUAL**      **32080**      **ST. JOHNS**

4. FEI Number **59-3290472**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BLOODWORTH, NANCY P**  
**9471 BAYMEADOWS RD.**  
**SUITE 201**  
**JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent  
 Name **Nancy P. Bloodworth**  
 Street Address (P.O. Box Number is Not Acceptable) **5099 ATLANTIC VIEW**  
**ST. AUGUSTINE**      **FL**      Zip Code **32080**

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

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

TITLE	DPST	<input type="checkbox"/> Delete
NAME	BLOODWORTH, NANCY P	
STREET ADDRESS	9471 BAYMEADOWS RD., STE. 201	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Nancy P. Bloodworth		
STREET ADDRESS	5099 ATLANTIC VIEW		
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080		
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			

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: Nancy P. Bloodworth  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/10/2002      Daytime Phone #: 904-460-0354

CR2E034 (9/01)