

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90044 001 \*\*\*150.00

0481085

**DOCUMENT # P96000042331**

1. Entity Name  
**THE RESSLER REAL ESTATE GROUP, INC.**

Principal Place of Business      Mailing Address  
**3719 E COLONIAL DR**      **3719 E COLONIAL DR**  
**ORLANDO FL 32803**      **ORLANDO FL 32803**  
**US**      **US**

**547500**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**7802 Kingspointe PKWY**      **7802 Kingspointe PKWY**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**204**      **204**

City & State      City & State  
**ORLANDO, FL**      **ORLANDO, FL**

4. FEI Number      Applied For  
**59-3378377**       Not Applicable

Zip      Country      Zip      Country  
**32819**      ~~322~~ **US**      **32819**      **US**

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

6. Name and Address of Current Registered Agent  
**RESSLER, MARK B**  
**3714 E. COLONIAL DR**  
**ORLANDO FL 32803**

7. Name and Address of New Registered Agent  
 Name      **MARK B RESSLER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7802 KINGSPOINTE PKWY**  
 City      **ORLANDO**      FL      Zip Code      **32819**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	RESSLER, MARK B	3719 E. COLONIAL DR	ORLANDO FL 32803	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>7802 KINGSPOINTE PKWY #204</b>	<b>ORLANDO, FL 32819</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: Mark B. Ressler      Date: 4/30/01      Daytime Phone #: 407 355-0905  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)