

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90618 044 ***150.00

DOCUMENT # P98000044222

1. Entity Name
JUNO VILLAGE REALTY INC.

Principal Place of Business PALM BEACH COUNTY WT 2504 SINGER ISLAND FL 33404	Mailing Address 14050 US HWY 1 SUITE 2 JUNO BEACH FL 33408
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C0021207



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 14050 US Highway one	3. Mailing Address Suite, Apt. #, etc.
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City & State JUNO BEACH FL	City & State SAME	4. FEI Number 65-0838396	Applied For <input type="checkbox"/> Not Applicable
Zip 33404	Country FL	5. Certificate of Status Desired: <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHACKLETON, ALBERT 14050 US HWY 1 SUITE 2 JUNO BEACH FL 33408	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SAME City FL Zip Code
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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 *Albert Shackleton* **ALBERT SHACKLETON** 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. (See criteria on back)

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: **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHACKLETON, ALBERT 4100 NORTH OCEAN DRIVE WT 2504 SINGER ISLAND FL 33404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Albert Shackleton* **ALBERT SHACKLETON** Date 2/13/01 Daytime Phone # 561-3083119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)