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2002 Uniform Business Report (UBR)

Mar 27, 2002 8:00 am S27180 **DOCUMENT #** Secretary of State 1. Entity Name 03-27-2002 90043 023 ***158.75 BEHLOR REALTY, INC. Principal Place of Business Mailing Address 4545 PLEASANT HILL RO PO BOX 420729 B0053132 SUITE 104 KISSIMMEE FL 34742-0729 KISSIMMEE FL 34759- _ US 2. Principal Place of Business 3. Mailing Address 600 N. Thacker Ave Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE C15 Suite City & State 4. FEI Number Applied For Kissimmee, 59-3049412 Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LULICH, STEVEN Street Address (P.O. Box Number is Not Acceptable) 1069 MAIN ST SEBASTIAN FL 32958 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PTDS** TITLE PTDS Change ☐ Addition ☐ Delete LANGHAM MICHELLE NAME LANGHAM, MICHELLE NAME 2450 GRANADA BIND KISSIMMEE, FL 34746 2902 ELBERT WAY STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34758 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change NAME Lulich, Steven NAME STREET ADDRESS 1069 MAIN ST STREET ADDRESS CITY-ST-ZIP SEBASTIAN FL CITY~ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.