

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 25 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005469

1. Entity Name
1031 REAL ESTATE EXCHANGE SERVICES, L.C.

Principal Place of Business
695 TARPON BAY ROAD #5
SANIBEL FL 33957

Mailing Address
695 TARPON BAY ROAD #5
SANIBEL FL 33957-3135



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

105-0943794

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

URKOVICH, RONALD S
2323 WOOSTER LANE, STE 2
SANIBEL FL 33957

Name
DAVID A OWENS

Street Address (P.O. Box Number is Not Acceptable)

695 TARPON BAY RD

City
SANIBEL

FL

Zip Code
33957

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
OWENS, JACQUELINE
695 TARPON BAY ROAD, #5
SANIBEL FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
500003289915--0
-06/14/00--01113--016
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
OWENS, DAVE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
OWENS, DAVE
695 TARPON BAY RD
SANIBEL FL 33957 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)