

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90075 010 \*\*\*158.75

**DOCUMENT # 268655**

1. Entity Name  
**ARDMORE REALTY INC**

Principal Place of Business <b>C/O ALLEN D. STOLAR          21249 HARROW RD.          BOCA RATON FL 33433</b>	Mailing Address <b>C/O ALLEN D. STOLAR          21249 HARROW RD.          BOCA RATON FL 33433</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number <b>59-1006195</b>	Applied For <input type="checkbox"/>
City & State	City & State	5. Certificate of Status Declared <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip	County	Zip	County

6. Name and Address of Current Registered Agent  <b>STOLAR, ALLEN D 21249 HARROW COURT BOCA RATON FL 33433</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_  
(Signature of individual partner name of registered agent and officer if applicable) (NOTE: Registered Agent signature is required when registering) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD STOLAR, ALLEN D 21249 HARROW RD. BOCA RATON FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTD RUBINFIELD, IRIS 2310 S BELVOIR UNIVERSITY HEIGHT OH</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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(2)(a), Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief and 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:** **ALLEN D. STOLAR** February 12, 2002 561 487-8990

ARDMORE REALTY, INC.

420540

4424  
83-9076/2870

February 12 ~~2002~~ 2002

PAY TO THE ORDER OF DEPARTMENT OF STATE ONE HUNDRED FIFTY-EIGHT and 75/100 DOLLARS \$ 158.00

THIS CHECK IS DELIVERED FOR PAYMENT ON THE FOLLOWING ACCOUNTS

2002 UBR Doc # 268655		
Filing Fee	150	00
Certificate of Status	8	75

DEPARTMENT OF STATE

⑈004424⑈ ⑆267090769⑆1300000031850⑈

OCEANMARK BANK  
3400 NE Northway Blvd  
N. Miami Beach, Florida 33160



*Oceanmark Bank Account closed*

*please destroy this check*

*sent by mistake with original UBR for Document # 268655 approx 10 days ago.*

*please accept {Pointebank} check to replace above check*

*below*