2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

269220 DOCUMENT

1. Entity Name



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90682 049 ***150.00

INVESTO	RS REAL ESTATE SERVICE	S, INC).			,					
Principal Place of Business 3711 CORTEZ RD. W. SUITE 300 BRADENTON FL 34210 US		Mailing Address 3711 CORTEZ RD. W. SUITE 300 BRADENTON FL 34210 US									
2. Principal Place of Business		3. Mailing Address				; 	BIBN 1180 B	 	II		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES						
City & Stat	е	City & State				4. FE! Number 59	FE! Number 59-1010266 Appl			—	
Zip Country		Zip C		Country	· · · · · ·	5. Certificate of Stat				3.75 Additional e Required	
6. Name and Address of Current F			ed Agent	· · · · · · · · · · · · · · · · · · ·	7. Name and Address of New Registered Agent						
					Name						
BYRNES, KAREN L				Street	Street Address (P.O. Box Number is Not Acceptable)						
3711 CORTEZ RD. W.										\dashv	
SUITE 300											
BRADENTON FL 34210				City	City FL Zip Code						
	named entity submits this statement foions of registered agent.	the purp	oose of changing its re	egistered office	or register	ed agent, or both, in th	e State of Florida. I am	n familiar v	vith, and acce	pt	
ana 3 5g	· · · · · · · · · · · · · · · · · · ·										
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if app	olicable. (NOTE: I	Registered Agent sign	ature required	when reinstating)	DATE			.	
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of				,		Campaign Financing d Contribution.		5.00 May Bo	e	
10. OFFICERS AND			L DRS ·	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				\dashv	
TITLE	PDT		☐ Delete	TITLE		NAME OF THE OWNER OWNER OF THE OWNER OWNE		☐ Char	· · ·	ion E	
NAME STREET ADDRESS	NEAL, ELINOR M.					[3					
CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP]					ion E034 (10/02)	
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NAME	BYRNES, KAREN L			NAME						٦	
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CITY-ST-ZIP				CITY-ST-ZIP	-			<u> </u>		_	
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12. I hereby certify that the information supplied with this filling 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 any 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like appowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

☐ Addition