

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90324 025 ***150.00

DOCUMENT # 377371

1. Entity Name

ASSURED REALTY/INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

419 CHAPMAN CT

3. Mailing Address

6080x59324

Suite, Apt. #, etc.

Apt. A

City & State

ORLANDO FLA

Zip

Country

32805

Suite, Apt. #, etc.

ORLANDO, FLA

City & State

32859-3247

Zip

Country

32859-3247

DO NOT WRITE IN THIS SPACE

4. FEI Number

591444263

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CHARLENE F. CURRY

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

1502 SAWYERWOOD AVE

ORLANDO

City

FL

Zip Code

32809

**DO NOT WRITE
IN THIS SPACE**

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.

CHARLENE F. CURRY

DATE

4-14-02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
CHARLENE F. CURRY
1502 SAWYERWOOD AVE
ORLANDO, FLA 32809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CHARLENE F. CURRY
1502 SAWYERWOOD AVE
ORLANDO, FLA 32809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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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 on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLENE F. CURRY

Date

Daytime Phone #

4-14-02 843-3390

CR2E034B (12/01)