## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 18, 2000 8:00 am Secretary of State **DOCUMENT # 386890** FLORIDA REAL ESTATE CENTER, INC. 01-18-2000 90141 036 \*\*\*150.00 Mailing Address Principal Place of Business 5000 BRITTANY DR S 3335 Brittany DR S 57E 10 STE 10 B0002715 ST PETERSBURG FL 33715-1608 ST PETERSBURG FL 33715 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1357534 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KUMICK, ALBERT W. Street Address (P.O. Box Number is Not Acceptable) 120 58TH AVENUE SO ST. PETERSBURG FL 33705 Zip Code FL 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 \$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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 Change ☐ Addition ☐ Delete TITLE TITLE KUMICK, ALBERT W. NAME NAME STREET ADDRESS STREET ADDRESS 120 58TH AVENUE SO CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL ☐ Change ☐ Addition TITLE Delete TITLE KUMICK, ALBERT W. NAME NAME STREET ADDRESS STREET ADDRESS 120 58TH AVENUE SO CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL Addition □ Delete Change TITLE NAME NAME ----STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI E ☐ Delete TITLE ☐ Change Addition NAME

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.

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SIGNATURE:

STREET ADDRESS

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

01/05/00 (727)867-214

Daytime Phone #

☐ Change

☐ Change

Addition

Addition