

2/15/02 Mailed

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90009 048 \*\*\*150.00

**DOCUMENT # 416939**

1. Entity Name

**REAL ESTATE OF FLORIDA, INC.**

Principal Place of Business

509 HARRISON AVE., STE. 201  
PANAMA CITY, FL 32401

Mailing Address

509 HARRISON AVE., STE. 201  
PANAMA CITY FL 32401

2. Principal Place of Business

509 Harrison Ave

Suite, Apt. #, etc. Suite 201

3. Mailing Address

509 Harrison Ave

Suite, Apt. #, etc.

City &amp; State

PANAMA CITY

City &amp; State

panama city,

4. FEI Number

59-1441382

Applied For

Not Applicable

Zip 32401

Country Bay

Zip 32401

Country Bay

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MULHOLLAND, D.E.

509 HARRISON AVE., STE. 201

PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 D. E. MULHOLLAND, Sec. Treas.

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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 VSD ☐ Delete  
NAME MULHOLLAND, D.E.  
STREET ADDRESS 509 HARRISON AVE.  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE PD ☐ Delete  
NAME BUFORD, ENNIS  
STREET ADDRESS 220 S COVE LANE  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE TD ☐ Delete  
NAME MULHOLLAND, D.E.  
STREET ADDRESS 509 HARRISON AVE.,  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/1/02

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

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

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

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

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

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

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER, DIRECTOR OR DIRECTOR

2/15/02

Date

Daytime Phone #

Mon, Wed &amp; Fri

9 AM - 12:00 NOON

CR2E034 (9/01)