2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **456626**

1. Entity Name
POVIA-BALLANTINE REALTY CORPORATION

Principal Place of Business	Mailing Address
3434 CLEVELAND AVENUE	3434 CLEVELAND AVENUE
FT MYERS FL 33901	FT. MYERS FL 33901

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

| 4. FEI Number 59-1605800 | Applied For |
| | Not Applicable |

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SLOAN, STEPHEN J	Name
3434 CLEVELAND AVE	Street Address (P.O. Box Number is Not Acceptable)
FT MYERS FL 33901	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____   3/27/03

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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS | ## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

	10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	POVIA, LAWRENCE P		NAME	
STREET ADDRESS	3434 CLEVELAND AVE		STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SLOAN, STEPHEN J.		NAME	
STREET ADDRESS	3434 CLEVELAND AVE		STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BALLANTINE, DEAN L		NAME	
STREET ADDRESS	3434 CLEVELAND AVE		STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   4/9/03 (239) 936-2161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

STEPHEN SLOAN, SEC/TRES