## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 07, 2001 8:00 am Secretary of State **DOCUMENT # 472258** 1. Entity Name DRESCHER REALTY, INC. 05-07-2001 90038 006 \*\*\*150.00 Principal Place of Business Mailing Address 734 COLORADO AVE 734 COLORADO AVE 80047835 STUART FL 34994 STUART FL 34994 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1577970 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DRESCHER, GERALD C Street Address (P.O. Box Number is Not Acceptable) 734 COLORADO AVE STUART FL 34994 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Trust Fund Contribution Tax filling requirement and elects to do so Make (See criteria on back); OFFICERS AND DIRECTORS \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD ☐ Change ☐ Addition ☐ Delete TITLE TITLE DRESCHER, GERALD C NAME NAME STREET ADDRESS STREET ADDRESS 734 COLORADO AVE CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 ☐ Delete TITLE Change ☐ Addition TITLE NAME DRESCHER, MARY L NAME STREET ADDRESS STREET ADDRESS 734 COLORADO AVE CITY-ST-ZIP CITY-ST-7IP STUART FL 34994 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR