

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91553 038 ***150.00

DOCUMENT # 518362

1. Entity Name

REAL ESTATE ONE, INC.

Principal Place of Business

Mailing Address

**1200 W HIGHWAY 434
 SUITE 100
 LONGWOOD FL 32750
 US**

**1200 W HIGHWAY 434
 SUITE 100
 LONGWOOD FL 32750
 US**

40000463



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1714867**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**PULTE T J
 1200 W. HIGHWAY 434
 STE 100
 LONGWOOD FL 32750**

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

Signature, typed or printed name of registered agent, and title 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ELSEA, RICHARD S	
STREET ADDRESS	30043 FOX RUN	
CITY-ST-ZIP	BIRMINGHAM MI	
TITLE	S	<input type="checkbox"/> Delete
NAME	TICKNER, ELLEN M	
STREET ADDRESS	4140 N FULTON PLACE	
CITY-ST-ZIP	ROYAL OAK MI 48073	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WELDAY, DONALD F.	
STREET ADDRESS	41822 SYCAMORE	
CITY-ST-ZIP	NOVI MI	
TITLE	T	<input type="checkbox"/> Delete
NAME	DENHOLM, DOUGLAS M	
STREET ADDRESS	1343 WOODBRIDGE LN	
CITY-ST-ZIP	WIXOM MI 48393	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HANSON, LAUREL L	
STREET ADDRESS	34556 RAMBLE HILLS DRIVE	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PULTE, T. J.	
STREET ADDRESS	3323 S ST. LUCIE DRIVE	
CITY-ST-ZIP	CASSELBERRY FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 employment.

SIGNATURE:

Douglas M Denholm
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-01

Date

248-851-2600

(My Home Phone #)

CR2E034 (10/00)