2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **533530** Jan 19, 2000 8:00 am Secretary of State REALCO REALTY & INSURANCE, INC. 01-19-2000 90203 034 ***150.00 Principal Place of Business Mailing Address 725 N AIA 725 N AIA SUITE A102 SUITE A102 JUPITER FL 33477 JUPITER FL 33477 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1771639 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OUTLAW, JERRY J. Street Address (P.O. Box Number is Not Acceptable) 825 CENTER ST. 22-A JUPITER FL 33458 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE TDP TITLE ☐ Change ☐ Addition Delete OUTLAW, JERRY J. NAME NAME STREET ADDRESS 825 CENTER ST. 22-A STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JUPITER FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE OUTLAW, JERRY J NAME NAME STREET ADDRESS STREET ADDRESS 825 CENTER ST 22-A CITY-ST-ZIP CITY-ST-ZIP Jupiter, FL 00000 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 is upplemental 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 of the receiver or trustee expowered 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

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

Delete

SIGNATURE

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

Change

☐ Addition