FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am Secretary of State

DOCUMENT # 582563 1. Entity Name Century 21 B111 Nye Re DI	NIC Palty, Inc. Palty, I	PACE	Secretary 05-28-2002 91758	
2. Principal Place of Business 4947 Coats Road Suite, Apt. #, etc. 3. Mailing Address 4947 Coats Road Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State Zephyrhills, FL	City & State Zephyrhills, Fl	T.	4. FEI Number 59–1840994	Applied For Not Applicable
33541 Country	Zip 3354 £	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		Street Addres	7. Name and Address of Current Registered Agent Name Andrea R. Nye Street Address (P.O. Box Number is Not Acceptable) 4947 Coats Rd	
		*·	hyrhills FL	Zio Code 33541
8. The above named entity submits this state SIGNATURE Signature, typed or printed name of register		registered office or regis		
9.≜This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 F After May 1, Fee Amended UBR Make Check Payable to D		I, Fee is \$550.00 UBR is \$61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICER TITLE S Nye, Andrea R	S AND DIRECTORS	TITLE		
10/7 a . D 1		NAME	• •	

STREET ADDRESS | Zephyrhills, FL STREET ADDRESS CITY-ST-ZIP CfTY-ST-ZIP Nye, William F. TITLE TITLE NAME 4947 Coats Rd NAME STREET ADDRESS STREET ADDRESS Zephyrhills, FL 33541 CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

William F. Nye Pres

813-715-1515

CR2E034B