2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#736828

FILED Apr 21, 2003 Secretary of State

Entity Name: CENTURY 21 BROKERS COUNCIL OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

165 ARLINGTON ROAD 4455 100 BAYMEADOWS ROAD

JACKSONVILLE, FL 32211 US SUITE 104

JACKSONVILLE, FL 32217 US

Current Mailing Address: New Mailing Address:

165 ARLINGTON ROAD 4455 100 BAYMEADOWS ROAD

JACKSONVILLE, FL 32211 US SUITE 104

JACKSONVILLE, FL 32217 US

FEI Number: 59-2266704 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PELLICER, DON MR. WATTRON, PEGGY MS.

165 ARLINGTON ROAD
JACKSONVILLE, FL 32211 US
4455 100 BÁYMEADOWS ROAD
SUITE 104

JACKSONVILLE, FL 32211 US JACKSONVILLE, FL 32217 US

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: PEGGY WATTRON 04/21/2003

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD () DeleteTitle:PD (X) Change () AdditionName:DON, PELLICERName:WATTRON, PEGGY MS.Address:165 ARLINGTON ROADAddress:4455 100 BAYMEADOWS ROAD

City-St-Zip: JACKSONVILLE, FL 32211 US City-St-Zip: JACKSONVILLE, FL 32271 US

Title: VPD () Delete Title: VPD (X) Change () Addition

Name: WATTRON, PEGGY Name: CHAPMAN, JOHN MR.
Address: 4455 100 BAYMEADOWS ROAD Address: 6505 A1A SOUTH

City-St-Zip: JACKSONVILLE, FL 32217 US City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: S () Delete Title: () Change () Addition

 Name:
 ATKINS, PAM
 Name:

 Address:
 11516 SAN JOSE BLVD
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32223
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 FERREIRA, CAROL
 Name:

 Address:
 500 CENTRE STREET
 Address:

 City-St-Zip:
 FERNANDINA BEACH, FL 30234 US
 City-St-Zip:

Title: 1VPD (X) Delete Title: () Change () Addition

 Name:
 CHAPMAN, JOHN
 Name:

 Address:
 1399 N OCEAN SHORE BLVD
 Address:

 City-St-Zip:
 FLAGLER BEACH, FL 32136 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEGGY WATTRON P 04/21/2003