

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90022 044 \*\*\*150.00

DOCUMENT # F01000002257  
1. Entity Name  
SUSAN TOLAR REALTY, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 624 JACKSON AVENUE Suite, Apt. #, etc.	3. Mailing Address 3103 PASCAGOULA STREET Suite, Apt. #, etc.
---	---

94040857

DO NOT WRITE IN THIS SPACE

City & State OCEAN SPRINGS	City & State PASCAGOULA	4. FEI Number 64-0935543	Applied For Not Applicable
Zip 39564	Country JACKSON	Zip 39567	Country JACKSON
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JON LAPLANTE**

Street Address (P.O. Box Number is Not Acceptable)  
**8 GEORGETOWN AVENUE**

City **ROSEMARY BEACH** FL Zip Code **32461**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  \$5.00 May Be Added to Fees  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		
TITLE <b>PRESIDENT</b> NAME <b>SUSAN TOLAR</b> STREET ADDRESS <b>3116 BREEZY HILL LANE</b> CITY - ST - ZIP <b>OCEAN SPRINGS, MS 39564</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE <b>VICE PRESIDENT</b> NAME <b>BRUCE B. TOLAR</b> STREET ADDRESS <b>3116 BREEZY HILL LANE</b> CITY - ST - ZIP <b>OCEAN SPRINGS, MS 39564</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jack A. Domey, CPA Date: 3/15/04 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR