FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90545 035 ***158.75

DOCUMENT # F02000000929

1. Entity Name BARCAP REALTY SERVICES GROUP, INC.

DO NOT WRITE IN THIS SPACE

20018965

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2. Principal Place of Business	3. Mailing Address
3570 US HWY 98N	3570 US HWY 98N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland, FL	City & State: Lakeland, FL
Zip: 33809 Country: USA	Zip: 33809 Country: USA

4. FEI Number 58-2454697 — Applied For / Not Applicable

5. Certificate of Status Desired X — $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: J. Stephen Miller
Street Address (P.O. Box Number is Not Acceptable): Apt. 120, 1969 Crystal Grove Dr.
City: Lakeland FL Zip Code: 33801

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 [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President, Director	TITLE	
NAME	Robert L. Astorino	NAME	
STREET ADDRESS	3570 US HWY 98N	STREET ADDRESS	
CITY-ST-ZIP	Lakeland, FL 33809	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #