2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2000 8:00 am
Secretary of State
07-12-2000 90014 050 ***550.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # F04459

1. Entity Name
COMBINED CAPITAL REALTY SERVICES, INC.

Principal Place of Business	Mailing Address
~~2801 FRUITVILLE ROAD~~ SUITE 135 SARASOTA FL 34237 ~~US~~	~~2801 FRUITVILLE ROAD~~ SUITE 135 SARASOTA FL 34237-5358 ~~US~~
2. Principal Place of Business: 7267 BEE RIDGE ROAD	3. Mailing Address: 7267 BEE RIDGE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL	City & State: SARASOTA, FL.
Zip: 34241 Country: SARASOTA	Zip: 34241 Country: SARASOTA

4. FEI Number 59-2613019 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REGAN, DONALD T JR.
~~2801 FRUITVILLE ROAD~~
~~SUITE 135~~
~~SARASOTA FL 34237~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 7267 BEE RIDGE ROAD
City SARASOTA, FL Zip Code 34241

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

9. This corporation is eligible to satisfy its Intangible *Tax filing requirement and elects to do so.* (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDST REGAN, DONALD T JR ~~2801 FRUITVILLE ROAD, SUITE 135~~ ~~SARASOTA FL 34237~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 7267 BEE RIDGE ROAD SARASOTA, FL 34241
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED 7-7-00 941-343-9888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)