

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90092 020 ***150.00

DOCUMENT # F04525	
1. Entity Name QUEEN REALTY, INC.	

Principal Place of Business 2915 SR 590 STE 21 CLEARWATER FL 33759 US	Mailing Address 2915 SR 590 STE 21 CLEARWATER FL 33759 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2042158	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
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QUEEN, GARY F 2915 SR.#590, SUITE#21 CLEARWATER FL 33759
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7. Name and Address of New Registered Agent
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Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	PST	☐ Delete
NAME	QUEEN JR, FRENCH W	
STREET ADDRESS	2915 SR 590, STE 21	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	D	☐ Delete
NAME	QUEEN JR, FRENCH W	
STREET ADDRESS	2915 SR 590, STE 21	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	VD	☐ Delete
NAME	QUEEN, GARY F	
STREET ADDRESS	2915 SR 590, STE 21	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	VD	☐ Delete
NAME	QUEEN, LAWRENCE	
STREET ADDRESS	2915 SR 590, STE 21	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	VD	☐ Delete
NAME	QUEEN, FLORENCE M	
STREET ADDRESS	2915 SR 590, STE 21	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: French W. Queen, Jr. President	2/5/03	(727) 796-7123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034 (10/02)