

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

THE REAL ESTATE CENTER OF PORT ST. LUCIE, INC.

Principal Place of Business

Mailing Address

109 SE FLORESTA DRIVE
PORT ST LUCIE, FLORIDA 34983

SAME

2. Principal Place of Business

109 SE FLORESTA DR

Suite, Apt. #, etc.

3. Mailing Address

109 SE FLORESTA DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PORT ST LUCIE, FL 34983

Zip
34983

Country
USA

City & State

PORT ST LUCIE, FLORIDA

Zip

34983

Country

USA

4. FEI Number

59-2079496

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTHA ANN BROVA
1046 SE BYWOOD AVE
PORT ST LUCIE, FL 34983

7. Name and Address of New Registered Agent

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.

SIGNATURE MARTHA ANN BROVA, PRESIDENT

Signature, typed or printed name of registered agent and title if applicable

Martha Ann Brova, Pres.

(NOTE: Registered Agent signature required when reinstating)

4/12/2000

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

TITLE PRESIDENT ☐ Delete
NAME MARTHA ANN BROVA
STREET ADDRESS 109 SE FLORESTA DR,
CITY-ST-ZIP PORT ST LUCIE, FL 34983

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: MARTHA ANN BROVA, PRESIDENT

Martha Ann Brova, Pres.

4/12/2000

Date

561-878-2600

Daytime Phone #

CR2E034 (9/99)