

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90184 004 \*\*\*150.00

0606986  
AV

**DOCUMENT # F24346**

1. Entity Name  
**THE REAL ESTATE CENTER OF PORT ST. LUCIE, INC.**



Principal Place of Business  
**1046 SE BYWOOD AVE.  
PORT SAINT LUCIE FL 34983**

Mailing Address  
**1046 SE BYWOOD AVE.  
PORT SAINT LUCIE FL 34983**



2. Principal Place of Business  
**201 SW Port St Lucie Blvd**  
Suite, Apt. #, etc.  
**107**

3. Mailing Address  
**1046 SE Bywood Dr**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Port St Lucie FL**

City & State  
**Port St Lucie FL**

4. FEI Number **59-2079496**  
Applied For  
☐ Not Applicable

Zip  
**34984**

County  
**St Lucie**

Zip  
**34983**

Country  
**St Lucie**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROVA, MARTHA ANN  
1046 BYWOOD AVENUE  
PORT ST. LUCIE FL 34983**

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 **MARTHA ANN BROVA**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**4/23/03**  
Date

**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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BROVA, MARTHA</b> <b>1046 BYWOOD AVENUE</b> <b>PORT ST LUCIE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WOYCHECK, BETH</b> <b>1016 SE BYWOOD AVE</b> <b>PORT SAINT LUCIE FL 34983</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **MARTHA ANN BROVA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/03** **772-876-8618**  
Date Daytime Phone #

CR2E034 (10/02)