

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State
 01-29-2001 90002 029 ***150.00

DOCUMENT # F88345

1. Entity Name
THE REALTY EXPERTS, INC.

Principal Place of Business Mailing Address
3175 SOUTH CONGRESS AVE., SUITE 201 **P.O. BOX 8554**
PALM SPRINGS FL 33461 **WEST PALM BEACH FL 33407**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3175 So. Congress **P.O. Box 221513**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite PH
 City & State City & State
Palm Springs **West Palm Bch, FL**
 Zip Country Zip Country
33461 P.B. **33422 P.B.**

4. FEI Number **59-2205416** Applied For
 Not Applicable
 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
ROCKRISE, SALLY S **Sally S. Rockrise**
707 CHILLINGWORTH DR. #21 **Street Address (P.O. Box Number is Not Acceptable)**
WEST PALM BEACH FL 33409 **3175 So. Congress, Suite PH**
 City & State City & State
Palm Springs **FL** Zip Code
33461

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 *Sally S. Rockrise* DATE **1/16/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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	PSTD	<input type="checkbox"/> Delete	TITLE	PSTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCKRISE, SALLY S		NAME	Rockrise, Sally S.	
STREET ADDRESS	P.O. BOX 8554 N/A		STREET ADDRESS	P.O. Box 221513	
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP	West Palm Bch 33422	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Sally S. Rockrise* **Sally S. Rockrise** **1/16/01** **561-**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone **471-**
9940

CR2E034 (10/00)