

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90147 027 ***158.75

09072934 AT

DOCUMENT # F93000001192

1. Entity Name
REAL PROPERTY SERVICES CORP., A DELAWARE CORPORATION

Principal Place of Business 818 W. BROOKS AVENUE NORTH LAS VEGAS NV 89030 US	Mailing Address 818 W. BROOKS AVENUE NORTH LAS VEGAS NV 89030 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **95-3562968** 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

**MAYHOOD, LYNN
 9951 ATLANTIC BOULEVARD, SUITE 440
 JACKSONVILLE FL 32225**

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 _____
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, 2002 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 PTD BIRD, ALLAN S	<input type="checkbox"/> Delete
STREET ADDRESS 818 W. BROOKS AVENUE	
CITY-ST-ZIP NORTH LAS VEGAS NV 89030	
TITLE NAME VPS SALO, JAMES D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 818 W. BROOKS AVE	
CITY-ST-ZIP NORTH LAS VEGAS NV 89030	
TITLE NAME DV BIRD, JOSHUA D	<input type="checkbox"/> Delete
STREET ADDRESS 818 W. BROOKS AVENUE	
CITY-ST-ZIP NORTH LAS VEGAS NV 89030	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME Vice President, Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS Lerner, David M.	
CITY-ST-ZIP 818 West Brooks Avenue	
CITY-ST-ZIP North Las Vegas, Nevada 89030	<input checked="" type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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:

[Handwritten Signature]
 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(702) 313-3700

Daytime Phone #

CR2E034 (9/01)