

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90023 001 \*\*\*158.75

0455085 AV

**DOCUMENT # F93000005391**  
 1. Entity Name  
**REALTY ONE, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>2451 McMullen Boston Rd<br>Suite 226<br>Clearwater FL 33759<br>US | Mailing Address<br>2451 McMullen Boston Rd<br>Suite 226<br>Clearwater FL 33759<br>US |
|--|--|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business<br><i>Suite 226</i>   | 3. Mailing Address  |
| Suite, Apt. #, etc.<br><i>2451 McMullen Booth Rd</i> | Suite, Apt. #, etc. |

|  |                       |
|--|-----------------------|
| City & State<br><i>Clearwater, Fl.</i> | City & State          |
| Zip<br><i>33759</i>                    | Country<br><i>USA</i> |



DO NOT WRITE IN THIS SPACE

4. FEI Number **52-1770892** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**NOEL, JERRY**  
**2519 MCMULLEN BOOTH RD**  
**STE 510-257**  
**CLEARWATER FL 33761**

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 *Jerry Noel* DATE *1/4/02*  
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.   
(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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>NOEL, JERRY</b><br><b>2519 MCMULLEN BOOTH RD.</b><br><b>CLEARWATER FL 33761</b> | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Jerry Noel* DATE *1/4/02* Daytime Phone # *407-4782*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)