

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90085 035 ***158.75

DOCUMENT # F93000005391

1. Entity Name
REALTY ONE, INC.



Principal Place of Business
**2451 MCMALLEN BOSTON RD
SUITE 223 Booth
CLEARWATER FL 33759
US**

Mailing Address
**2451 MCMALLEN BOSTON RD
SUITE 226 Booth
CLEARWATER FL 33759
US**

90004616



2. Principal Place of Business
2451 McMullen Booth Rd

3. Mailing Address
2519 McMullen Booth Rd.

Suite, Apt. #, etc.
Suite 223

Suite, Apt. #, etc.
Suite 510-257

City & State
Clearwater, Fl.

City & State
Clearwater, Fl.

CHECK HERE IF MAKING CHANGES

4. FEI Number **52-1770892**

Applied For
 Not Applicable

Zip **33759** Country **USA**

Zip **33761** Country **USA**

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

**NOEL, JERRY
2519 MCMULLEN BOOTH RD
STE 510-257
CLEARWATER FL 33761**

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 *Jerry Noel* DATE **1/14/03**

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

(NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	NOEL, JERRY	
STREET ADDRESS	2519 MCMULLEN BOOTH RD.	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED** *Jerry Noel* DATE **1/14/03** (727) 712-9395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)