

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000619

1. Entity Name

REALMARK PROPERTIES, INC.

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

03-09-2001 90495 044 \*\*\*150.00

Principal Place of Business

Mailing Address

2350 N FOREST RD  
SUITE 12A  
GETZVILLE NY 14068  
US

2350 N FOREST RD  
SUITE 12A  
GETZVILLE NY 14068  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 16-1411399

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 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 PTD  
NAME JAYSON, JOSEPH M ☐ Delete  
STREET ADDRESS 2350 NORTH FOREST ROAD, SUITE 12A  
CITY-ST-ZIP GETZVILLE NY 14068

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME JAYSON, JUDITH P ☐ Delete  
STREET ADDRESS 2350 NORTH FOREST ROAD, SUITE 12A  
CITY-ST-ZIP GETZVILLE NY 14068

TITLE Vice President ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME COLMERAUER, MICHAEL ☒ Delete  
STREET ADDRESS 2350 NORTH FOREST ROAD, SUITE 12-A  
CITY-ST-ZIP GETZVILLE NY 14068

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Vice President ☐ Change ☒ Addition  
NAME David M. Shipston  
STREET ADDRESS 2350 North Forest Road Suite 12A  
CITY-ST-ZIP Getzville, NY 14068

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Secretary ☐ Change ☒ Addition  
NAME Jonathon m. Jayson  
STREET ADDRESS 2350 North Forest Road Suite 12A  
CITY-ST-ZIP Getzville, NY 14068

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Assistant Secretary ☐ Change ☒ Addition  
NAME Anthony L. Cioppi  
STREET ADDRESS 2350 North Forest Road Suite 12A  
CITY-ST-ZIP Getzville, NY 14068

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 information.

SIGNATURE: Joseph M. Jayson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 30, 2001

Date

(716) 636-0280

Daytime Phone #

CR2E034 (10/00)