## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 28, 2000 8:00 am Secretary of State DOCUMENT # F95000003295 REALTY ADVISORS, INC. 04-28-2000 90019 003 \*\*\*150.00 Principal Place of Business Mailing Address 4001 B WETHERBURN WAY 4001 B WETHERBURN WAY 948619 NORCROSS GA 30092 NORCROSS GA 30092-4609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 58-1399025 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JERRY W BISHUP PILCHER, JERALD W 1622 GRANT AVE PANAMA CITY FL 32401 Zip Code 3 >54/ DESTIN 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution, Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PC Change ☐ Addition TITLE Delete TITLE 46 Hwy 98 E Stec BISHOP, JERRY W NAME NAME STREET ADDRESS STREET ADDRESS 4095 SINCLAIR SHORES RD CITY-ST-ZIP **CUMMING GA 30130** CITY-ST-ZIP ☐ Delete Change Addition TITLE CLEGG, RICHARD A NAME NAME STREET ADDRESS STREET ADDRESS 3914 GUNNIN RD CITY-ST-ZIF CITY-ST-ZIP NORCROSS GA 30092 ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: ORDER SELECTION SELECTION SELECTION SELECTION DE DE DAYLING PRINTED INSTERIOR DIRECTOR DE DE DAYLING PHONE #