

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 24, 2000 8:00 am**
Secretary of State

08-24-2000 90033 020 ***550.00

A0074258



DO NOT WRITE IN THIS SPACE

DOCUMENT # F95000006002**1. Entity Name**
REALMARK HOLDINGS CORP.**Principal Place of Business**
5570 GLENRIDGE DR.
ATLANTA GA 30342**Mailing Address**
P.O. BOX 421669
ATLANTA GA 30342
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-1913629

Applied For

Not Applicable

Zip Country Zip Country

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**~~CORPORATION SERVICE COMPANY~~
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PTD CARPENTER, RICHARD W	5570 GLENRIDGE DR.	ATLANTA GA 30342	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

	V WILKINS, JERE E	5570 GLENRIDGE DR.	ATLANTA GA 30342	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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	V DAVIS, RICHARD S	5570 GLENRIDGE DR.	ATLANTA GA 30342	<input checked="" type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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	V FARLESS, LUTHER	5570 GLENRIDGE DR.	ATLANTA GA 30342	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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	S THOMAS, GEORGE	55 RAILROAD AVE.	GREENWICH CT 06830	<input checked="" type="checkbox"/>
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	S Jere E Wilkins	5570 Glenridge Dr.	Atlanta Georgia 30342	<input type="checkbox"/>	<input type="checkbox"/>
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	DC PHELPS, SANFORD N	55 RAILROAD AVE.	GREENWICH CT 06830	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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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:**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR8/14/2000 404-847-0833
Date Daytime Phone #

C-1 (03/99)