2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	F96773
Entity Name	

REALTY SERVICES MANAGEMENT, INC.

REALIT SERVICES MANAGE	IVIEIVI, IIVC.	TE
Principal Place of Business	Mailing Address	_
740 N.E. 167TH ST	P. O. BOX 821613	
#102	SOUTH FLORIDA FL 33082	

SECRETARY OF STATE DIVISION OF CORPORATIONS

03 SEP 12 AM 8:00

2. Principal Paco of Business Solida, April 1, dic. Solida, April 2, dic. Solida, April	#102	•			TH FLORIDA FL 3308	2						
Solic A. L. COSTA DRIVE WEST SUID. Apt. N. doc. Suid. Apt. 1. doc. Suid. Address of New Registered Apart Name TIOMAS A. Scale. Suid. Apt. 1. doc. Suid. Apt. 1.	NORTH MIAM	I BEACH FL 3	3162	us						 1	(1)	
Suite, Apr. III. documents of the purpose of changing its registered depends of the will be children or frequenced agent. SIGNATURE FILE SUITE	2. Principal P	lace of Busin	ess	3. Mai	ling Address			- 1	(IN INIIA NIIXI IANII XOI	IND JIRT BIÐIT AR	OU DION THEY O	ITIS DIEIL BOUS
CITY & State PENTROPES FL COUNTY 3 30 7 COUNTY 5 COUN	505 L	A COST	A DRIVE WEST			STA DRIV	e we	5T	•		•	_
REMBRUSE PINES EL PENNENCE PIN				Suit	e, Apt. #, etc.				CHECK HERE	IF MAKING	CHANGES	MRD
S. Name and Address of Current Registered Agent PRICE, GERALD PRICE, GERALD Street Address (R. D. D. C. F. A. S. Derit Love of Status Desired Fee Pequired Fee Pequi	PEMBRO.		es FL			es FL		4. FEI Number	59-2422564			
PRICE, GERALD 1505 LA COSTA DR., W PEMBROKE PINES FL 33027 8. The above named entity submits this statement for the purpose of changing its registered different or registered agent, or both, in the State of Fordict. I tam familiar with, and accept the obligations of registered agent, or both, in the State of Fordict. I tam familiar with, and accept the obligations of registered agent, or both, in the State of Fordict. I tam familiar with, and accept the obligations of registered agent, or both, in the State of Fordict. I tam familiar with, and accept the obligations of registered agent, or both, in the State of Fordict. I tam familiar with, and accept the obligations of registered agent, or both, in the State of Fordict. I tam familiar with, and accept the obligations of registered agent, or both, in the State of Fordict. I tam familiar with, and accept the obligations of registered agent, or both, in the State of Fordict. I tam familiar with, and accept the obligations of registered agent, or both, in the State of Fordict. I tam familiar with, and accept the obligations of registered agent, or both, in the State of Fordict. I tam familiar with, and accept the obligations of registered agent, or both, in the State of Fordict. I tam familiar with, and accept the obligations of registered agent, or both, in the State of Fordict. I tam familiar with, and accept the obligations of registered agent, or both, in the State of Fordict. I tam familiar with, and accept the obligations of registered agent, or both, in the State of Fordict. I tam familiar with, and accept the obligations of registered agent, or both, in the State of Fordict. I tam familiar with, and accept the obligations of registered agent, or both, in the State of Fordict. I tam familiar with, and accept the obligations of registered agent, or both, in the State of Fordict. I tam familiar with, and accept the obligations of registered agent, or both, in the State of Fordict. I tam familiar with, and accept the product of registered agent, or both, in t		7			227			5. Certificate of	Status Desired			
PRICE, GERALD 1505 LA COSTA DR, W PEMBROKE PINES FL 33027 6. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation for registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation for registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation for registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation for registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation for registered agent, or both, in the State of Florida. I am familiar with, and accept the florida. I am familiar with, and accept the florida properties. FILE NOW!! FEEL SSSSD 00 After September 10, 2003 Fee will be \$75.00 Make Check Payable to Florida Department of State OFFICE GERALD SIERE ADDRESS OFFICE STATE ADDRESS OFFICE ADD		6. Name	and Address of Current	Registere	ed Agent			7. Name and A	ddress of New R	egistered A	gent	
1505 LA COSTA DR., W PEMBROKE PINES PL. 33027 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 SIGNA	PRICE, GI	ERALD			-	<u> </u>						
PEMBROKE PINES FL 33027 SUTE 237 EVANTATION FL ZO CODE SECTION 1	-		W			Street A	Address (O. Box Number i	s Not Acceptable かん <i>RcA-</i> か)		
B. The above named onlity 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 vegiclared agent. SIGNATURE Signature		-				(_ '	•		W TONE			
6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of capstatered agent. SIGNATURE		ž				<u></u>		~ 1		F!	Zip Cod	e
THE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE NAME SIREET ADDRESS CITY-ST-2P TITLE 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE NAME SIREET ADDRESS CITY-ST-2P TITLE 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE NAME SIREET ADDRESS CITY-ST-2P TITLE 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE NAME SIREET ADDRESS CITY-ST-2P TITLE 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS TO THE MADE SIREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO THE MADE SIREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	A The share					PLAI	V T.45	-10N			3332	9-2631
FILE NOW!! FEE IS \$55.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SINEET ADDRESS OUTY-ST-2P PEMBROKE PINES FL 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SINEET ADDRESS STREET ADDRESS OUTY-ST-2P TITLE NAME SIREET ADDRESS OUTY-ST-2P SIRET ADDRESS OUTY-ST-2P	the obligat	named entity ions of registi	r submits this statement fo ered agent.	or the purp	ose of changing its	registered office o	r registere	ed agent, or both,	in the State of Flo	rida. I am fa	amiliar with,	and accept
FILE NOW!! FEE IS \$55.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN IT ITLE NAME SINEET ADDRESS OUTY-ST-2P PEMBROKE PINES FI. Delete 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN IT ITLE NAME SINEET ADDRESS OUTY-ST-2P TITLE NAME SIREET ADDRESS OUTY-ST-2P Delete 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN IT ITLE NAME SIREET ADDRESS OUTY-ST-2P TITLE NAME SIREET ADDRESS OUTY-ST-2P TITLE NAME SIREET ADDRESS OUTY-ST-2P Delete 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN IT ITLE NAME SIREET ADDRESS OUTY-ST-2P TITLE NAME SIRET		76-	mas 1 H	a section		1	ر م سر م	_		0/9/	/22	
After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10.	SIGNATURE.	~		and title if app			ture required	when reinstating)		DATE		
After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10.		I E NOWII	FFF IS \$550.00						 			
Title Delete Delete Title Delete				0.00								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Make Check	Payable to	Florida Department o	f State		,		Trust	Fund Contribution	ı. 🗀	Added	I to Fees
NAME STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL INAME STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-	10.		OFFICERS AND	DIRECTO	RS	11.		ADDITIONS/CH	HANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	-	'D41 D		Delete						Change	Addition
CITY-ST-ZIP PEMBROKE PINES FL CITY-ST-ZIP PEMBROKE PINES FL 33027					- /	1	PRI	E, LINI	A M			1
TITLE	i i						1505	LA CO	STA PRI	VE W	<i>ES7</i>	}
NAME STREET ADDRESS CITY-ST-ZIP Change Addition					Doloto		FE/7	DRUNG	PINES F	- 4 - 2		C] Addition
STREET ADDRESS CITY-ST-ZIP Change Addition	- 1				C Velete		Ì				□ Change	L] Addition
TITLE	STREET ADDRESS											
NAME STREET ADDRESS	CITY-ST-ZIP		_			CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP CHange Addition	TITLE				☐ Delete	TITLE					Change	Addition
CITY-ST-ZIP	NAME		•	• •	•	1	ŀ				- •	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP								60	00231	104	56	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP						- j	}	09/16/4	<u> 1301070-</u>	002		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE CHange Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP					☐ Delete						L_ Change	☐ Addition
CITY-ST-ZIP	ſ						{					
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP						[
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	TITLE				☐ Delete	TITLE	 				Change	☐ Addition
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME						[,					
TITLE Delete TITLE Change Addition NAME NAME " STREET ADDRESS STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS						[Í
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP		_ _		_ 	CITY-ST-ZIP		·_ · · · - · · - · - · - · - · - · - · · - · ·				
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE				☐ Delete		[Change	Addition
CITY-ST-ZIP CITY-ST-ZIP	I								-			
	CITY-ST-ZIP											1
		ertify that the	information supplied with	this filing	does not qualify for		ted in Soc	tion 119 07/2\/i\	Florida Standor I	further secti	fix that the :-	

12. I hereby certify that the information supplied with this filling 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: XISIAM PRINTED RESIDENCE OF SIGNING OFFICER OF DIRECTOR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DIRECTOR

Linda M. Price
1505 La Costa Drive West
Pembroke Pines, Florida 33027
Phone (954) 433-2269 Fax (954) 433-1339

September 12, 2003

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Realty Services Management # F96773

To Whom It May Concern:

Please be advised that due to my husband passing away on November 8,2002, I did not receive the first notice regarding the fees due your office. The "Second Notice" was the first time I became aware of the situation. Therefore, I respectfully request that you abate any penalties for Reasonable Cause.

Thank you so much for your kind consideration.

Linda M. Price, President

Sincerely yours, a

Realty Services Management