

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90855 003 ***150.00

DOCUMENT # F98000001449

1. Entity Name

REALTY SERVICES INTERNATIONAL, INC.



Principal Place of Business

**1331 LAMAR
SUITE 1060
HOUSTON TX 77010**

Mailing Address

**200 WITMER RD
ATTN: CORP COMPLIANCE DEPT
HORSHAM PA 19044
US**

2. Principal Place of Business

**7000 Central Parkway
Suite, Apt. #, etc.
800**

3. Mailing Address

**200 Witmer Rd.
Suite, Apt. #, etc.**

City & State

Atlanta, GA.

City & State

Horsham, Pa.

Zip

30328

Country

USA

Zip

19044

Country

USA

4. FEI Number

23-2946519

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **no change**

Street Address (P.O. Box Number is Not Acceptable)

n/a

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of reinstating 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Ken Beyer 2-7-03

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREAMER, DAVID E 200 WITMER RD HORSHAM PA 19044 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KIM, ELIZABETH 200 WITMER ROAD HORSHAM PA 19044 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT KUCZBORSKI, MICHAEL 116 WELSH ROAD HORSHAM PA 19044 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELLER, ROBERT 200 WITMER ROAD HORSHAM PA 19044 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCO GRECO, MICHAEL H 4N. HARBOR PLACE SUITE G DAVIDSON NC 28036 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

**508 Prudential Dr.
Horsham, PA. 19044**

**President/CEO
Ken Beyer
508 Prudential Dr.
Horsham, PA. 19044**

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:

Ken Beyer, President 2-7-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)