

# 2000 UNIFORM BUSINESS REPORT (UBR)

0422074

DOCUMENT # F98000004261

1. Entity Name  
ASSET REALIZATION OF DELAWARE, INC.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
200 CENTRAL AVENUE, SUITE 2300  
ST. PETERSBURG, FL 33701



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5401 W. Kennedy Blvd.  
Suite, Apt. #, etc. Suite 751  
City & State Tampa, Florida  
Zip 33609 Country U.S.A.

3. Mailing Address c/o Joel B. Giles  
Suite, Apt. #, etc. P.O. Box 2861  
City & State St. Petersburg, Florida  
Zip 33731-2861 Country U.S.A.

4. FEI Number 59-3234697 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
GILES, JOEL B ESQ.  
C/O CARLTON FIELDS  
200 CENTRAL AVE., SUITE 2300  
ST. PETERBURG FL 33701

7. Name and Address of New Registered Agent  
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] XXXXXXXXXXXXXXXXXXXXXXXX  
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, 2000 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  
TITLE CP  
NAME MCNEEL, VAN L  
STREET ADDRESS 5401 W. KENNEDY BLVD., SUITE 751  
CITY-ST-ZIP TAMPA FL 33609  
TITLE V  
NAME WOOD, RENE M  
STREET ADDRESS 5401 W. KENNEDY BLVD., SUITE 751  
CITY-ST-ZIP TAMPA FL 33609  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE DPST  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE VPAS  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900003186329-4  
-03/28/00-01013-002  
\*\*\*\*150.00 \*\*\*\*150.00  
LS

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] Rene M. Wood, Vice President 3/15/00 (813) 286-8680  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)