

FILED
Jul 09, 2003 8:00 am
Secretary of State

07-09-2003 90032 043 ***150.00
04-15-2003 90295 001 *1,050.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F98000004261

1. Entity Name
ASSET REALIZATION OF DELAWARE, INC.



Principal Place of Business
5401 W. KENNEDY BLVD.
SUITE 751
TAMPA FL 33609

Mailing Address
% JOEL B. GILES
P.O. BOX 2861
ST. PETERSBURG FL 33731-2861

90140908

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

c/o Greg Morris

Suite, Apt. #, etc.

2325 Ulmerton Rd., Ste. 20

City & State

Clearwater, FL

Zip

33762

Country

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

7. Name and Address of New Registered Agent

GILES, JOEL B ESQ.
C/O CARLTON FIELDS
200 CENTRAL AVE., SUITE 2300
ST. PETERBURG FL 33701

Gregory D. Morris
2325 Ulmerton Road, Suite #20
Clearwater, FL 33762

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

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

(NOTE: Registered Agent signature required when requesting)

DATE

5/27/03

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	OPST MCNEEL, VAN L 5401 W. KENNEDY BLVD., SUITE 751 TAMPA FL 33609	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS WOOD, RENE M 5401 W. KENNEDY BLVD., SUITE 751 TAMPA FL 33609	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRIS, GREG 2325 ULMERTON RD, STE 20 CLEARWATER FL 33762	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 registered agent 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:

Rene M. Wood

April 11, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rene M. Wood, Vice President

Daytime Phone #

CR2E034 (10/02)