

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90050 034 \*\*\*150.00

**DOCUMENT # F99000002461**

1. Entity Name  
**REALTY INVESTMENT CORP.**

Principal Place of Business <b>447 3RD AVE NO                  SUITE 306                  SAINT PETERSBURG FL 33701</b>	Mailing Address <b>447 3RD AVE NO                  SUITE 306                  SAINT PETERSBURG FL 33701</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>447 3rd Ave No</b> Suite, Apt. #, etc. <b>Suite 400</b> City & State <b>Saint Petersburg, FL</b> Zip <b>33701</b> Country <b>USA</b>	3. Mailing Address <b>447 3rd Ave No</b> Suite, Apt. #, etc. <b>Suite 400</b> City & State <b>Saint Petersburg, FL</b> Zip <b>33701</b> Country <b>USA</b>
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4. FEI Number <b>22-2782174</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GONALEZ, ROBERT  
 1331 MUROK WAY SO.  
 ST. PETERSBURG FL 33705**

**7. Name and Address of New Registered Agent**

Name <b>Gonzalez, Robert</b>
Street Address (P.O. Box Number is Not Acceptable) <b>7310 Sunshine Skyway LN So, #215</b>
City <b>Saint Petersburg</b>
FL Zip Code <b>33711</b>

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 *Dorothy Gonzalez* *Dorothy Gonzalez* *4/18/01*  
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PV GONZALEZ, ROBERT 1331 MUROK WAY SO. ST. PETERSBURG FL 33705</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GONZALEZ, DOROTHY 1331 MUROK WAY SO. ST. PETERSBURG FL 33705</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Address Change 7310 Sunshine Skyway LN So, #215 ST. Petersburg, FL 33711</b>	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>address change 7310 Sunshine Skyway LN So, #215 ST. Petersburg, FL 33711</b>	<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 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 type="checkbox"/> Addition

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: *Dorothy Gonzalez* *Dorothy Gonzalez* *4/18/01* *727 553 4505*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)