

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90249 023 \*\*\*150.00

**DOCUMENT # G17637**  
 1. Entity Name  
**REALTY ONE SERVICES, INC.**

Principal Place of Business C/O GEORGE E. LEE 16 FERRY ROAD. S.E. FT WALTON BEACH FL 32548	Mailing Address C/O GEORGE E. LEE 16 FERRY ROAD. S.E. FT WALTON BEACH FL 32548-5602
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2246317</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**LEE, GEORGE E.**  
**16 FERRY ROAD, S.E.**  
**FT WALTON BEACH FL 32548**

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 *George E. Lee* DATE 1/13/2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	LEE, GEORGE E.	
STREET ADDRESS	902 SHARON POINT CIRCLE	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ADAMS, EARL R.	
STREET ADDRESS	704 MELANIE LANE	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EWING, MARVIN	
STREET ADDRESS	504 DORY AVE	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BARRETT, JAN	
STREET ADDRESS	707 HERON LANE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAUGARD, TIM	
STREET ADDRESS	187 BAGGETT PLACE	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROSE, JOYCE	
STREET ADDRESS	116 BAYSHORE COURT NE	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *George E. Lee* DATE 1/13/2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR