

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90169 036 ***150.00

0062515 AV

DOCUMENT # G50940

1. Entity Name
REALTY ONE SCHOOL OF REAL ESTATE, INC.



Principal Place of Business
% GEORGE E. LEE
16 FERRY RD., SE
FORT WALTON BEACH FL 32548

Mailing Address
% GEORGE E. LEE
16 FERRY RD., SE
FORT WALTON BEACH FL 32548



2. Principal Place of Business
11 RACE TRACK ROAD
Suite, Apt. #, etc.
BUILD. A

3. Mailing Address
11 RACE TRACK RD.
Suite, Apt. #, etc.
BUILD. A

City & State
FT. WALTON BCH., FL
Zip
32547 Country
USA

City & State
FT. WALTON BCH., FL
Zip
32547 Country
USA

4. FEI Number
59-2360462

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

LEE, GEORGE E.
16 FERRY ROAD, SE
FORT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name
EARL R. ADAMS
Street Address (P.O. Box Number is Not Acceptable)
704 MELANIE LN.
City
FT. WALTON BCH. FL Zip Code
32547

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 *Earl R. Adams*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-23-03
DATE

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	PD LEE, GEORGE E. 902 SHARON POINT CIRCLE FT. WALTON BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEE, VIRGINIA V. 902 SHARON POINT CIRCLE FT. WALTON BEACH FL	<input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EARL R. ADAMS 704 MELANIE LN. FT. WALTON BCH, FL 32547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEE E. ADAMS 704 MELANIE LN. FT. WALTON BCH, FL	<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

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: *Earl R. Adams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03 850-862-9164
Date Daytime Phone #

CR2E034 (10/02)