

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90092 002 ***150.00

0025795
 AV

DOCUMENT # **H24991**

1. Entity Name
SELL REALTY COMPANY, INC.

Principal Place of Business

% STEVEN W. SELL
 2317 BLANDING BLVD., SUITE 9
 JACKSONVILLE FL 32210-4153

Mailing Address

~~P.O. BOX 350927~~
 JACKSONVILLE FL 32295

80044299



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2317 Blanding Blvd

Suite, Apt. #, etc.

Ste 204A

Suite, Apt. #, etc.

Ste 204A

City & State

City & State

Jacksonville FL

4. FEI Number

59-2476243

Applied For

Not Applicable

Zip

Country

Zip

Country

32210

Dural

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

GLAZIER & GLAZIER, P.A.
 8761 PERIMETER PARK BLVD
 STE 103
 JACKSONVILLE FL 32216

Name

Charles Wilson

Street Address (P.O. Box Number is Not Acceptable)

3030 Hartley Rd

Ste 120

City

Jacksonville

FL

Zip Code

32257

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]

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

(NOTE: Registered Agent signature required when reinstating)

3/7/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD SELL, STEVE	2317 BLANDING BV. #3	JACKSONVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/2002 9043848868

Date

Daytime Phone #

CFR2034 (9/01)