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

## **DOCUMENT#**

H40228

1. Entity Name



## **FILED** Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90027 020 \*\*\*150.00

FARREY REALTY INC.									01 07 <b>2</b> 000 700 <b>2</b> 1 0 <b>2</b> 0 10000	
Principal Place of Business 230 BANYAN LANE TAVERNIER FL 33070 US 2. Principal Place of Business			Mailing Address 417 E. SHERIDAN ST PMB 242 DANIA FL 33004-4603 US 3. Mailing Address P.O. Box 438							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Stat	te		Cit	ANERNI ANERNI	ER	F	ر	4. F	FEI Number 59-2493677 Applied For Not Applicab	
Zip 		Country	7210	3070	Coun	יא SA	<b>-</b>	<b>5.</b> C	Certificate of Status Desired	
	6. Name	e and Address of Current F	Register	red Agent				7. N	lame and Address of New Registered Agent	
						Name				
FARREY, I				Street Addr			ddress (P.	s (P.O. Box Number is Not Acceptable)		
1860 SW										
MIRAMAR	FL 33029	nere n Ref References								
•						City			<b>FL</b> Zip Code	
the obligat	named entil tions of regis	ty submits this statement for tered agent.	the purp	pose of changing its	registere	ed office or	registere	d age	ent, or both, in the State of Fiorida. I am familiar with, and accep	
SIGNATURE	Signature, typed	or printed name of registered agent ar	nd title if ap	pplicable. (NOTI	E: Registered	d Agent signatu	re required w	vhen reii	instating) DATE	
After	r May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of	State						9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.		OFFICERS AND D	DIRECTO	DRS	11.	•	<del></del>	ADI	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Р	<del>, , , , , , , , , , , , , , , , , , , </del>		☐ Delete	TITLE				Change Addition	
NAME	FARREY.	LLOYD THOMAS		<b>2</b> 500.0	NAME	1				
	230 BANY					ET ADDRESS				
		R FL 33070				-ST-ZIP				
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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 received 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 of the corporation or the rece changed, or on an attachme

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ Delete

☐ Change

☐ Addition