

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90009 032 ***550.00

DOCUMENT # J20839

1. Entity Name
BROKERS III REALTY, INC.

Principal Place of Business

C/O WILLIAM R. ROSS
 101 BRIDGE ROAD
 TEQUESTA FL 33469

Mailing Address

C/O WILLIAM R. ROSS
 101 BRIDGE ROAD
 TEQUESTA FL 33469

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0031795**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ROSS, WILLIAM R.
 239 BEACON LANE
 JUPITER FL 33469

7. Name and Address of New Registered Agent

Name **Eble, Mark B.**
 Street Address (P.O. Box Number is Not Acceptable)
26 E. Riverside Drive
 City **Tequesta** **FL** Zip Code **33469**

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 *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **7/31/02**

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **P** ☒ Delete
 NAME **ROSS, WILLIAM R.**
 STREET ADDRESS **239 BEACON LANE**
 CITY-ST-ZIP **JUPITER FL**

TITLE **ST** ☐ Delete
 NAME **EBLE, MARK B**
 STREET ADDRESS **26 E RIVERSIDE DR**
 CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **Eble, Mark B.**
 STREET ADDRESS **26 E. Riverside Dr.**
 CITY-ST-ZIP **Tequesta, FL 33469**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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: *[Signature]* **REQUIRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/31/02

561-747-3777

CR2E034 (4/02)