2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)							FILED Feb 11 2002 8:00 cm				
DOCUMENT # J25692							Feb 11, 2002 8:00 am Secretary of State				
*		REAL ESTATE GRO	UP, INC.					02 90203 (
Principal Place of Business Mailing Address 124 ROBIN ROAD 124 ROBIN ROAD											
SUITE 1100 ALTAMONTE SPRINGS FL 32701			SUITE 1100 ALTAMONTE SPRINGS FL 32701								
2. Principal f	3. Mailing Address	Address				 					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Sta	te		City & State			4.	FEI Number 59-15068	44	— — —	pplied For ot Applicable	
Zip	p Country		Zip Count		у	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Current R	egistered Agent		Name	7.	Name and Address of Nev	Registered	Agent		
ORR, RICHARD E 209 BROM BONES LANE						s (P.O. I	Box Number is Not Accepta	ble)			
LONGWO	OD FL 327	50		_	City			FL	Zip Cod	le	
8. The above	e named entit	y submits this statement for	the purpose of changing its	registered	d office or regis	stered ag	gent, or both, in the State of		•]		
SIGNATURE											
		or printed name of registered agent an	d title if applicable. (NOTE	E: Registered /	Agent signature requ	ired when r	einstating)	DATE	,		
😳 Tax filing	oration is elig requirement a ria on back)	ible to satisfy its Intangible and elects to do so.	FILE NOW! After May 1, 20 Make Check Payab	02 Fee w	ill be \$550.00		10. Election Campaign Trust Fund Contribu	_		0 May Be I to Fees	
11.		OFFICERS AND D	IRECTORS	12.		AC	L DDITIONS/CHANGES TO C	FFICERS AND	DIRECTOR	S IN 11	
TITLE NAME	VP Orr, Val	FRIF R	☐ Delete	TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		I BONEŠ LÁNÉ			ADDRES\$ T-ZIP						
titlé Name	P Orr, Rich	HARD E.	☐ Delete	TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS City-St-Zip		I BONES LANE		STREET CITY-S	ADDRESS T-ZIP						
TITLE NAME			☐ Delete	TITLE . NAME				· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	-				ADDRESS T-ZIP						
TITLE NAME			☐ Delete	TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				STREET CITY-S	ADDRESS T-ZIP						
title Name			☐ Delete	TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				STREET City-St	ADDRESS T-ZIP						
TITLE NAME			☐ Delete	TITLE NAME			·- · · · · · · · · · · · · · · · · · ·		Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP					ADDRESS r-zip						
indicated	on this report	information supplied with the tor supplemental report is tre e receiver or trustee empow chment with an address, wit	ue and accurate and that m	ıv sionatur	e shall have th	e same l	legal effect as if made undo	r oath: that La	m an officer.	or director	

SIGNATURE:

Daytime Phone #