

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90123 036 ***150.00

DOCUMENT # J45379

1. Entity Name
INVESTMENT BROKERS REALTY, INC.



Principal Place of Business
**7225 SW 103 ST ROAD
OCALA FL 34476
US**

Mailing Address
**7225 SW 103 ST ROAD
OCALA FL 34476
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
11082 SW 73 RD CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
11082 SW 73 RD CIRCLE
Suite, Apt. #, etc.

City & State
OCALA FL

City & State
OCALA FL

4. FEI Number **59-2761659**

Applied For
☐ Not Applicable

Zip **34476** Country **MARION**

Zip **34476** Country **MARION**

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

**IORIO, VINCE M
7225 SW 103 STREET ROAD
OCALA FL 34476**

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
NAME **IORIO, VINCE M**
STREET ADDRESS **7225 SW 103 ST ROAD**
CITY-ST-ZIP **OCALA FL 34476**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/03 (352) 287-8638
Date Daytime Phone #

CR2E034 (10/02)