2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J49729

1. Entity Name

REAL ESTATE RESEARCH CONSULTANTS, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90544 013 ***158.75

						<u> </u>							
Principal Place of Business 518 SOUTH MAGNOLIA				Mailing Address 518 SOUTH MAGNOLIA									
ORLANDO FL 32801				ORLANDO FL 32801									
US	02001		US					110	HUM DIST DINTE TALL TAL	AN TANÀN AND MANAGAI	BIN BABA BURA G	ERRE BUILDE L ar e	
00			00										
2. Principal Place of Business				3. Mailing Address						<u> </u>	### ##################################	1	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State			4.	FEI Nun	nber 59-27626	682	. —	oplied For of Applicable	
Zip	Country			Zip Count			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							
e de la companya del companya de la companya de la companya del companya de la co						Name							
TATICH, PHILIP 341 N MAITLAND AVE				Street Ad			dress (P.O.	ess (P.O. Box Number is Not Acceptable)					
STE 340													
MAITLAND FL 32751						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 .													
0.0.0.0.0.	Signature, typed or	printed name of registered age	nt and title if app	olicable. (NOTI	E: Registered	d Agent signatur	e required when	reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00							•		Election Campaig			0 May Be	
Make Check	k Payable to	Florida Department	of State	=									
10. OFFICERS AND DIRECTORS							Α	DDITION	NS/CHANGES TO	OFFICERS AND	DIRECTOR	S IN 11	
TITLE :	DVP Delete				TITLE	: [☐ Change ☐ A				☐ Addition	
NAME	BEITSCH, OWEN M.				NAME	.							
STREET ADDRESS	TREET ADDRESS 518 SOUTH MAGNOLIA			STR									
CITY-ST-ZIP	ORLANDO FL 32801			CIT		-ST-ZIP							
TITLE	PDT Delete				TITLE	: 1					Change	☐ Addition	
NAME	OWEN, WILLIAM H.			NAI DOING		.							
STREET ADDRESS	518 SOUTH MAGNOLIA				STREE							1	
CITY-ST-ZIP		ORLANDO FL 32801				-ST-ZIP							
TITLE	DS										Change	☐ Addition	
NAME	ROHR, JAY B.			ب معاددات بالمحدد	NAME				•	-		_	
	518 SOUTH					ET ADDRESS							
CITY-ST-ZIP	ORLANDO	FL 32801			CITY-	-ST-ZIP							
	DVP				TITLE						☐ Change	Addition	
TITLE	DARSEY, D.	AVID D		☐ Delete	TITLE	1					□ Almide	L. 75000011	
NAME					4	ET ADDRESS							
STREET ADDRESS CITY-ST-ZIP	0.0000,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					-ST-ZIP							
0111-31-2IF		L 02001			-							- Addition	
TITLE	Sec. 17			☐ Delete	TITLE						☐ Change	Addition	
NAME					NAME	- 1							
STREET ADDRESS						ET ADDRESS							
CITY-ST-ZIP					CITY-	-ST-ZIP					_		
TITLE	1			☐ Delete	TITLE	1	•				☐ Change	☐ Addition	
NAME					NAME	I						1	
STREET ADDRESS	1					ET ADORESS							
CITY-ST-ZIP						-ST-ZIP							
12 hereby o	certify that the	information supplied w	ith this filing	does not qualify for	r the exer	motion state	ed in Section	n 119.07((3)(i) Florida Statu	ites. I further cer	tify that the i	nformation	

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 empressed 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

4/24/03 (407)843-5635 Date Date Daylims Phone #