2002 Uniform Business Report (UBR)

SIGNATURE:

ED OR PR

Apr 02, 2002 8:00 am Secretary of State DOCUMENT # J89629 1. Entity Name 04-02-2002 90974 041 ***150 00 FLORIDA SUBURBAN REALTY, INC. Mailing Address Principal Place of Business % EVELYN L. BERNER % EVELYN L. BERNER 5070 MILTON RD NW. STE 2 5070 MILTON RD NW. STE 2 PALM BAY FL 32907 PALM BAY FL 32907 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 59-2847066 Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BERNER, EVELYN L. Street Address (P.O. Box Number is Not Acceptable) 5070 MINTON RD NW SUITE 2 Zip Code City PALM BAY FL 32097 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible **\$5.00** May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01) Change Addition ☐ Delete TITLE TITLE n NAME NAME BERNER, EVELYN L. STREET ADDRESS STREET ADDRESS 5070 MINTON RD NW, STE 2 CITY-ST-7IP CITY-ST-ZIP PALM BAY FL ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 keep nowered.

Evelyn L. Berner 3-21-02 321-951-0888
Date Date Daylime Phone #