2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCHMENT # K61422

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # K61422 1. Entity Name REAL ESTATE OF FLORIDA PROPERTIES, INC.								FILED Jan 27, 2003 8:00 am Secretary of State 01-27-2003 90212 044 ***150.00		
Principal Place of Business 1160 MARLIN CT MARCO ISLAND FL 34145 US 2. Principal Place of Business			P O Mar US	Mailing Address P O BOX 967 MARCO ISLAND FL 34146 US 3. Mailing Address						
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & State				& State			4. 1	FE! Number 65-0102311	Applied For Not Applicable	
Zip Country			Zip			Country			5 Additional Required	
6. Name and Address of Current Registered Agent						- 7. Name and Address of New Registered Agent Name				
PEERY, THOMAS H. 1160,MARLIN COURT MARCO ISLAND FL 34145						Street Address (P.O. Box Number is Not Acceptable)				
	named entity		for the purp	ose of changing its i	register	City ed office or regist	ered ag	FL Zigent, or both, in the State of Florida. I am familia	r with, and accept	
SIGNATURE .		or printed name of registered age	ont and title if app	ilicable (NOTE:	Registere	d Agent signature requir	ed when re	einstating) 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.	- DV	OFFICERS AN	D DIRECTO		11.		AD	DDITIONS/CHANGES TO OFFICERS AND DIRE		
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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 attachme

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP