

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90691 006 \*\*\*150.00

**DOCUMENT # K69345**

1. Entity Name  
**REALEX PROPERTIES, INC.**

Principal Place of Business

1134 W. GRANADA BLVD.  
 ORMOND BEACH FL 32174  
 US

Mailing Address

1134 W. GRANADA BLVD.  
 ORMOND BEACH FL 32174  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2935063**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIKES, JOSEPH F.**  
**204 DEER LAKE CIRCLE**  
**ORMOND BEACH FL 32074**

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD**  Delete  
 NAME **SPIKES, RITA P.**  
 STREET ADDRESS **204 DEER LAKE CIRCLE**  
 CITY-ST-ZIP **ORMOND BEACH FL**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment  
DOC# K169345  
116663

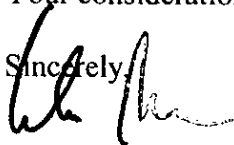
Uniform Business Report Filings  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

May 22, 2002

Per our conversation of today, I am enclosing my Corporate Report along with my check for \$150. As I explained to you, we recently had an accountant abandon her position with our company. Upon her departure, I personally went through her desk and found our Corporate Reports, which she had assured me she had mailed to you prior to our deadline of May 1, 2002. I respectfully request you make an exception and except my Corporate Report and fee without an additional late fee.

Your consideration in this matter is greatly appreciated.

Sincerely,



Ursula Amon  
Director