


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2003 8:00 am
Secretary of State

04-28-2003 90488 005 ***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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPIKES, JOSEPH F. 201 DEER LAKE CIRCLE 3 Stagden Look ORMOND BEACH FL 32174 32174		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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		B. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	Vice President
NAME	SPIKES, RITA P.	NAME	
STREET ADDRESS	201 DEER LAKE CIRCLE 3 Stagden Look	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	CITY-ST-ZIP	
TITLE		TITLE	President
NAME		NAME	Felix Amon
STREET ADDRESS		STREET ADDRESS	211 E Int'l Speedway Blvd #213
CITY-ST-ZIP		CITY-ST-ZIP	Daytona Beach, FL 32118
TITLE		TITLE	T
NAME		NAME	URSULA Amon
STREET ADDRESS		STREET ADDRESS	211 E Int'l Speedway Blvd #213
CITY-ST-ZIP		CITY-ST-ZIP	Daytona Beach, FL 32118
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Rita P Spikes</i>		Date: 1/6/03 Daytime Phone #: 386 623-7001	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E034 (10/02)