2001 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2001 8:00 am **DOCUMENT # K88291 Secretary of State** 1. Entity Name BUY GEORGE REALTY, INC. 01-31-2001 90302 048 ***150.00 Principal Place of Business Mailing Address 9081 EVELYN ROAD 9081 EVELYN ROAD ENGLEWOOD FL 34224 ENGLEWOOD FL 34224 2. Principal Place of Business 3. Mailing Address 42. E. Wentworth ST 42 E, wentween Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ENGRAPAR ENGHWOOD FLORIDA Applied For City & State City & State 4. FEI Number 65-0119745 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 34223 るく レレ ろ ATOLANAZ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Genrae HENDY GEORGE-HENRY-Street Address (P.O. Box Number is Not Acceptable) 9081 EVELYN ROAD 42. E. wentworth ENGLEWOOD FL 34224 ENGLEWOD Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office registered agent, or both, in the State of Florida. Signature, typed or printel name of registered agent and title if applicable. nen reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete Change ☐ Addition TITLE TITLE GEORGE, HENRY W NAME NAME 9081 EVELYN ROAD STREET ADDRESS STREET ADDRESS **ENGLEWOOD FL 34224** CITY-ST-ZIP CITY-ST-ZIP EN GIE MUDD ☐ Change ■ Addition Delete TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 trusted 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 attack ment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

THE AND WHED OMERINTED HANDOF SIGNING OFFICER OR DIRECTOR

Delete

1-25-2601 1-941-474-241

Daytime Phone #

☐ Change

☐ Addition