

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K99935

1. Entity Name

SOUTH FLORIDA REAL ESTATE SERVICES CORP.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90035 032 ***150.00

Principal Place of Business

5770 YAHL ST #102
NAPLES FL 34109
US

Mailing Address

5770 YAHL ST #102
NAPLES FL 34109-1914
US

2. Principal Place of Business

3784 PROGRESS AVE
Suite, Apt. #, etc.

3. Mailing Address

3784 PROGRESS AVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
NAPLES, FL

Zip
34104

Country
US

City & State
NAPLES, FL

Zip
34104

Country
US

4. FEI Number 65-0216357

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MAGHER, ARTHUR J.
5770 YAHL ST #102
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3784 PROGRESS AVE

City

NAPLES

FL

Zip Code

34104

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	MAGHER, ARTHUR J.	
STREET ADDRESS	5770 YAHL ST #102	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3784 PROGRESS AVE	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/20/00

941-659-3267

CR2E034 (9/99)