

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013418

1. Entity Name

REAL-DEAL ESTATE, LLC

FILED
Jul 21, 2002 8:00 am
Secretary of State

01-24-2002 90355 034 ****50.00
07-21-2002 90014 027 ****50.00

0012066

Principal Place of Business
3100 GULF BLVD., #231
BELLEAIR BEACH FL 33786

Mailing Address
3100 GULF BLVD., #231
BELLEAIR BEACH FL 33786

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**
59-378078

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PANOS, THOMAS J
3100 GULF BLVD., #231
BELLEAIR BEACH FL 33786

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
STREET ADDRESS SOUERS, JEFFERY
CITY-ST-ZIP 10120 11TH ST. N., #108
SAINT PETERSBURG FL 33716 ☐ Delete

TITLE NAME MGRM
STREET ADDRESS Souers, Jeffery
CITY-ST-ZIP 11901 12th St N #1010
St. Petersburg FL 33716 ☒ Change ☐ Addition

TITLE NAME MGRM
STREET ADDRESS PANOS, THOMAS
CITY-ST-ZIP 3100 GULF BLVD., #231
BELLEAIR BEACH FL 33786 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/13/02

Date

727-415-1471

Daytime Phone #

CR2E083 (4/02)