

2002 UNIFORM BUSINESS REPORT (UBR)

9/8/

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-08-2002 90125 040 ****50.00

DOCUMENT # L02000000148

1. Entity Name

REVERSE EXCHANGE PROFESSIONALS ALPHA, LLC

Principal Place of Business

Mailing Address

4700 N. TAMiami TRAIL, SUITE #1
 NAPLES FL 34103

4700 N. TAMiami TRAIL, SUITE #1
 NAPLES FL 34103

42103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3602565

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

MATTHEWS, BETTYE-J CPA
4700 N. TAMiami TRAIL, SUITE #1
NAPLES FL 34103

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 STREET ADDRESS CITY-ST-ZIP	MGR FLORIDA REAL ESTATE EXCHANGE CONNECTION 4700 N. TAMiami TRAIL, SUITE #1 NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

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

9/4/02

Date

239 403 0605

Daytime Phone #

CR2E083 (4/02)