

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90093 021 \*\*\*150.00

**DOCUMENT # L21599**

1. Entity Name  
**ASSOCIATED REALTY BROKERS, INC.**



Principal Place of Business  
**4055 TAMiami TrL #36**  
**PORT CHARLOTTE FL 33952**  
**US**

Mailing Address  
**4055 TAMiami TrL #36**  
**PORT CHARLOTTE FL 33952**  
**US**

2. Principal Place of Business

**1720 E1 Jobean Rd**  
Suite, Apt. #, etc.  
**#109**

3. Mailing Address

**1720 E1 Jobean Rd**  
Suite, Apt. #, etc.  
**#109**

City & State  
**Port Charlotte FL**

City & State  
**Port Charlotte FL**

Zip  
**33948**

Country  
**US**

Zip  
**33948**

Country  
**US**

4. FEI Number **65-0168110**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NEWSOME, DIANE**  
**4055 TAMiami TrL #36**  
**PORT CHARLOTTE FL 33952**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1720 E1 Jobean Rd**  
**#109**  
City **Port Charlotte** **FL** Zip Code **33948**

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

(NOTE: Registered Agent signature required when reinstating)

1-28-03  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **NEWSOME, PHYLLIS DIANE**  
STREET ADDRESS **101 SMALL ST**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Phyllis Diane Newsome*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-03 941 627-0028  
Date Daytime Phone #

CR2E034 (10/02)