2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L32049

1. Entity Name

COUNTRY CLUB REALTY SERVICES, INC.									
Principal Place of Business 7227 CLINTMOORE RD BOCA RATON FL 33496 US			Mailing Address 7227 CLINTMORE RD BOCA RATON FL 33496 US		1103/110				
2. Principal Place of Business			3. Mailing Address				III 81811 BIBII BI J		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING	CHANGES		
City & State			City & State			4. FEI Number 65-0177036		lied For Applicable	
Zip	Zip Country		Zip	Country			8.75 Additi		
	6. Name and	d Address of Curren	t Registered Agent			7. Name and Address of New Registered A	gent		
. 5.2			<u> </u>	_	Name				
Popkin & Shurpin, P.A. 2499 Glades Road, Suite 114					Street Address (P.O. Box Number is Not Acceptable)				
BOCA RATON FL 33431									
DOOM INTOIT E SOTO!					City	FL Zip Code			
	named entity su ions of registered		or the purpose of changi	ng its register	ed office or registe	red agent, or both, in the State of Florida. I am fa	amiliar with, an	nd accept	
SIGNATURE.	Signature, typed or pri	nted name of registered agen	t and title if applicable.	(NOTE: Registere	ed Agent signature require	d when reinstating) 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 Added to		
				11.					
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	13-1/P					ADDITIONS/CHANGES TO OFFICERS AND			
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12. I hereby certify that the information supplied with this fi indicated on this report or supplemental report is true a of the corporation or the receiver or trustee empower changed, or on an attachment with an address reproces not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

TIT) F

NAME

STREET ADDRESS CITY-ST-ZIP

QUIJÉRÔME V. ANSEL

4/30/03 541 487.0700

☐ Change

Addition

Daytime Phone #

FILED
May 05, 2003 8:00 am g
Secretary of State

05-05-2003 90702 041 ***150.00