2001 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # L81125  1. Entity Name FLORIDA PROFESSIONAL REALTY GROUP, INC.						FILED Apr 28, 2001 08:00 AM Secretary of State					
Principal Plac		Mailing Address								-	
DAVIE 33331	FL US	DAVIE FL 33331 US									
2. Principal P	Mace of Business	3. Mailing Address 3457 NE JEANNETTE DR								-	
Suite, Apt.		Suite, Apt. #, etc.				1	DO NOT WRIT	E IN THIS	SPACE	–	
City & Stat		City & State JENSEN BEACH FL			I	FEI Number 5-0204403				pplied For	Ì
Zip Country 34957 Us		Zip Coun 34957 US		ıtry		Certificate of Sta	tus Desired		\$8.75 Ad	ditional	-
34937	6. Name and Address of Current F				7.	Name and Addr	ess of New Ro	egistered	Fee Require	ed	-
TAYLOR 15025 BRIG	SANDRA SHTON LANE				R SAN	IDRA Box Number is N					-
DAVIE FL 33024 US				City JENSEN	DEACH	BEACH Zip Code 34957					<u>-</u>
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: R  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  N  Make Check Payable				IS \$150.6 will be \$5	50.00	10. Election	Campaign Fining	DATE ancing		00 May Be	<del></del>
11.	OFFICERS AND I		12.			DDITIONS/CHAN	IGES TO OFFI	CERS AN	D DIRECTOR	S IN 11	4
TITLE NAME STREET ADDRESS	PD TAYLOR SANDRA A. 15025 BRIGHTON LANE	5 BRIGHTON LANE				SANDRA EANNETTE DR	A		<b>⊠</b> Change	☐ Addition	034 (11/00)
CITY-ST-ZIP	DAVIE FL		1—	- ST-ZIP	JENSEN B	EACH		FL	34957		<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			-					Change	☐ Addition	CR2E
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					<u> </u>		Change	☐ Addition	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete								Change	Addition	-
of the cor changed,	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	wered to execute this report a ith all other like empowered.	v sinna	ilire shali hi	ave the same pter 607, Flo	rida Statutes; and	mada under e	ath: that I	am an officer	or director	1

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR