

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90154 049 ***158.75

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DOCUMENT # L88451

1. Entity Name
SUSSEX REALTY CORPORATION



Principal Place of Business
DARYL CRAMER AND ASSOC., P.A.
3801 PGA BLVD SUITE 508
PALM BEACH GARDENS FL 33410-2758
US

Mailing Address
DARYL CRAMER AND ASSOC., P.A.
3801 PGA BLVD SUITE 508
PALM BEACH GARDENS FL 33410-2758
US



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 **65-0233182**

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

7. Name and Address of New Registered Agent

DARLY CRAMER AND ASSOC., P.A.
515 N. FLAGLER DR.
STE. 910
WEST PALM BEACH FL 33402-4325

Name
Daryl Cramer & Associates, P.A.
Street Address (P.O. Box Number is Not Acceptable)
3801 PGA Boulevard
Suite 508
City **Palm Beach Gardens** **FL** **Zip Code** **33410**

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 *Daryl B. Cramer* **Daryl B. Cramer** *4/30/03* **DATE**

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

(NOTE: Registered Agent signature required 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 **\$5.00 May Be Added to Fees**
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ **Delete**
NAME **MYERS, WILLIAM P**
STREET ADDRESS **105 WEST BEAVER CREEK, UNITS 9 & 10**
CITY-ST-ZIP **RICHMOND HILL, ONT CA L4B- 1C6**

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

TITLE **SD** ☐ **Delete**
NAME **LUCCHESE, FABRIZIO**
STREET ADDRESS **105 WEST BEAVER CREEK, UNITS 9 & 10**
CITY-ST-ZIP **RICHMOND HILL, ONT CA L4B- 1C6**

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

TITLE ☐ **Delete**
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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:

Fabrizio Lucchese **Fabrizio Lucchese**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-08-03 **4-08-03**
Date

905-882-1212 **905-882-1212**
Daytime Phone #

CR2E034 (10/02)