FILED May 06, 2002 8:00 am Secretary of State FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # M 50347 1. Entry Name GROMARTIE'S REAL ESTATE, INC. 05-06-2002 90059 029 ***150.00 DO NOT WRITE IN THIS SPACE incipal Place of B Milling Address 57. TUES Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Numbe Applied For Ζ 1G 3665 Not Applicable Country AS A Country \$8.75 Additional A 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent Name MANTIE JR. **DO NOT WRITE** Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE F 8. The above named entity submits this statement for the purpose of changing its registered office or reate SIGNATURE ure, typed or printed name January 1 - May 1, Fee Is \$150.00 After May 1, Fee Is \$550.00 Amended UBR Is \$61.25 Make Check Payable to Department of State 1 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) OFFICERS AND DIRECTORS 11. (12/01) IIII i soo THE EDORIS CROMALTO NAME NAME STREET ADDRESS STREET ADDRESS 4011 NW **CR2E034B** CITY, ST. 7/P CITY-ST-AP 30 THEF THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-IP CITY-ST-ZIP THB F m.c 👘 👘 NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZP IN THIS SPACE FITLE ITTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TILE TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70 TITLE INTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7P 13. 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 as 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 impowered to execute this report as required by Chapter 60. Florida Statutes; and that my name appears in Block 11 or on an officer or director of the corporation or the receiver or trustee impowered to execute this report as required by Chapter 60. Florida Statutes; and that my name appears in Block 11 or on an officer or the corporation or the receiver or trustee impowered to execute this report as required by Chapter 60. furate and that my signature shall have the same legal effect as if made under own; that I am an officer or director xecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an of the corporation (attachment with an powered to moowered EDORIS C.R. and Fall SIGNATURE NTED NA IG OFFICER OR DIRECTOR XF SKIN Daytime Phone