

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002899

1. Entity Name

REAL EXCHANGE, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90122 048 ****61.25

Principal Place of Business

3259-C GARDEBS EAST DRIVE
PALM BEACH GARDENS FL 33410

Mailing Address

3259-C GARDEBS EAST DRIVE
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

GARDENS

Suite, Apt. #, etc.

3. Mailing Address

GARDENS

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

650935718

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOGSDON, JAMIE
3259-C GARDEBS EAST DRIVE
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LOGSDON, JAMIE	
STREET ADDRESS	3259-C GARDEBS EAST DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOGSDON, TIMOHTY J	
STREET ADDRESS	2600 N-FLAGER DRIVE STE 1012	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, BRANDY	
STREET ADDRESS	2535 GERTRUDE LANE	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, KAROL	
STREET ADDRESS	2535 GERTRUDE LANE	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony D'Ipulito	
STREET ADDRESS	12206 Old Country Road	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Borja Santiago	
STREET ADDRESS	250 S. Ocean Blvd #265	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Acton	
STREET ADDRESS	3343 Meridian Way North	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cynthia Price	
STREET ADDRESS	9900 Wanda Drive	
CITY-ST-ZIP	Pensacola, FL 32514	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:

JAMIE M. LOGSDON **SIGNATURE REQUIRED** Jamie M. Logsdon 1-12-00 (561) 627-2661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)