

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90366 041 *****61.25

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DOCUMENT # N99000002899

1. Entity Name

REAL EXCHANGE, INC.

Principal Place of Business

**3259-C GARDENS EAST DRIVE
PALM BEACH GARDENS FL 33410**

Mailing Address

**3259-C GARDENS EAST DRIVE
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0935718

Applied For

Not Applicable

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** ☐ Delete
NAME **LOGSDON, JAMIE**
STREET ADDRESS **3259-C GARDEBS EAST DRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **D** ☐ Delete
NAME **DIPPOLITO, ANTHONY**
STREET ADDRESS **12206 OLD COUNTRY RD**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **D** ☐ Delete
NAME **SANTAIAGO, BORJA**
STREET ADDRESS **250 S. OCEANBLVD**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **D** ☐ Delete
NAME **ACTON, THOMAS**
STREET ADDRESS **3343 MERIDIAN WAY N**
CITY-ST-ZIP **WEST PALM BEACH FL 33410**

TITLE **D** ☐ Delete
NAME **PRICE, CYNTHIA**
STREET ADDRESS **9900 WANDA DR**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01 (521) 627-2661

Date

Daytime Phone #

CR2E037 (10/00)