


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90098 003 ***150.00

DOCUMENT # P00000013543

1. Entity Name
REALTRANS.COM, INC.



Principal Place of Business
**1675 PALM BEACH LAKES BLVD
WEST PALM BEACH FL 33401**

Mailing Address
**1675 PALM BEACH LAKES BLVD., STE 10A
ATTN: JOHN ERBEY
WEST PALM BEACH FL 33401**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **65-0983939**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ERBEY, JOHN R
1675 PALM BEACH LAKES BLVD
WEST PALM BEACH FL 33401**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ERBEY, WILLIAM C	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ERBEY, JOHN R	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	P	<input type="checkbox"/> Delete
NAME	FARIS, RONALD M	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	SVCO	<input type="checkbox"/> Delete
NAME	ZEIDMAN, MARK S	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VT	<input type="checkbox"/> Delete
NAME	CZOCHANSKI, THOMAS J	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MCCARTHY, THOMAS K	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW G. DOKOS	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK J. NICHOLS	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	

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: *Mark J. Nichols* **NICHOLS** **1/21/03** **561-682-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)