2002 UNIFORM BUSINESS REPORT (UBR)

with an address, with all

SIGNATURE?

Mar 11, 2002 8:00 am Secretary of State P00000015915 DOCUMENT # 1. Entity Name 03-11-2002 90060 039 ***150.00 REALTY PROFESSIONAL GROUP, INC. Principal Place of Business Mailing Address 15310 AMBERLY DR. 15310 AMBERLY DR. **SUITE 250-27** SUITE 250-27 TAMPA FL 33647 TAMPA FL 33647 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3624499 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Jerry L. Sutton Street Address (P.O. Box Number is Not Acceptable) FLORIDA INCORPORATORS, INC. 1221 BRICKELL AVENUE STE 900 15310_Amberly Dr. #250-27 MIAMI FL 33131 Zip Code City Tampa 33647 named entity submits this statement for the durpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above 2-24-02 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change X Addition TITLE ☐ Delete TITLE President SUTTON, JERRY L NAME NAME Jerry L. Sutton STREET ADDRESS 15310 AMBERLY DRIVE, SUITE 250-27 STREET ADDRESS 15310 Amberly Dr. #250-27 CITY-ST-ZIP CIT?-ST-ZIP TAMPA FL 33647 Tampa, Florida 33647 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete: : Change - Addition-TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITL F □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 is 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 11 or Block 12 if of the corporation or the changed, or on an att

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