2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000015915 DOCUMENT

1. Entity Name

REALTY PROFESSIONAL GROUP, INC.



FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90335 033 ***150.00

Principal Plac 15310 AMBER SUITE 250-27 TAMPA FL 331	-	Mailing Address 15310 AMBERLY DR. SUITE 250-27 TAMPA FL 33647								
2. Principal F 153/0 / Suite, Apt.	3. Mailing Address 15310 Ambe	AMBERLY DR			I 18041881 III 80111 60111 10114 8011	 	68 02 6 5 5 6			
SUITE	250-40	Suite, Apt. #, etc. SUITE 250-40				☐ CHECK HERE IF MAKING CHANGES				
City & Stat		City & State TAMPA, FL			4. F	59-3624499			oplied For ot Applicable	
3364	7 Country USA	33647	Country U.S.	A	5. C	ertificate of Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Current F	<u> </u>	Name	7. N	ame and Address of New R	egistered .	Agent			
SUTTON, JERRY L 15310 AMBERLY DR., #250-27						x Number is Not Acceptable)			
TAMPA FL	. 33647		. (City			FL	Zip Code	e	
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 .	Signature, typed or printed name of registered agent an	nd title if applicable. (NOT	E: Registered Ag	ent signature require	ed when rein	nstating)	DATE			
After Make Check	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of					9. Election Campaign Fin Trust Fund Contribution	n. [Added	0 May Be I to Fees	
10.	OFFICERS AND DIRECTORS D Nelsta		11.	·		DITIONS/CHANGES TO OFFI	CERS AND			
TITLE Name Street address City-St-Zip	SUTTON, JERRY L 15310 AMBERLY DRIVE, SUITE 25 TAMPA FL 33647	□ Delete 0-27	NAME STREET A CITY-ST-	i			•	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUTTON, JERRY L 15310 AMBERLY DR., #250-27 TAMPA FL 33647	☐ Delete	TITLE NAME STREET A CITY-ST-				-	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		¹ □ Delete	TITLE NAME STREET A	I .	ि <u>च</u> ्यू	-		☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AI CITY-ST-	, I	-			☐ Change	Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AI CITY-ST-	I .	_			☐ Change	Addition	
indicated	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empoy or on an attachment with an address, wi	rue and accurate and that n	ny signature	shall have the	same le	gal effect as if made under o	ath: that La	am an officer	or director 1	

813-910-2727

SIGNATURE: