

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90018 003 ***150.00

DOCUMENT # P00000031656

1. Entity Name
BONNIE EAST REALTY, INC.

| | |
|---|---|
| Principal Place of Business RENAR CENTER, STE. 200 1100 SW ST. LUCIE WEST BLVD. PORT ST. LUCIE FL 34986 | Mailing Address RENAR CENTER, STE. 200 1100 SW ST. LUCIE WEST BLVD. PORT ST. LUCIE FL 34986 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business RENAR CTR. STE 100 | 3. Mailing Address SAME AS ABOVE |
|---|--|

| | |
|---|---------------------|
| Suite, Apt. #, etc. 1100 SW ST. LUCIE W. BLVD | Suite, Apt. #, etc. |
|---|---------------------|

| | |
|--|--------------|
| City & State PORT ST. LUCIE FL | City & State |
|--|--------------|

| | | | |
|---------------------|-----------------------------|-----|---------|
| Zip 34986 | Country ST. LUCIE | Zip | Country |
|---------------------|-----------------------------|-----|---------|

| | |
|------------------------------------|---|
| 4. FEI Number 65-1066965 | Applied For <input checked="" type="checkbox"/> Not Applicable |
|------------------------------------|---|

| | |
|--|--------------------------------|
| 5. Certificate of Status Desired X | \$8.75 Additional Fee Required |
|--|--------------------------------|

6. Name and Address of Current Registered Agent
**EAST, BONNIE
 RENAR CENTER, STE. 200 1100 SW ST. LUCIE WEST BLVD.
 PORT ST. LUCIE FL 34986**

7. Name and Address of New Registered Agent
 Name: **65-1066465**
 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: **BONNIE EAST** *Bonnie East* DATE: **4-25-2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change : <input type="checkbox"/> Addition |
| | | PRESIDENT BONNIE EAST 1100 SW ST LUCIE WEST BLVD. PORT ST LUCIE, FL 34986 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | VICE PRESIDENT BLAINE EAST 1100 SW ST LUCIE WEST BLVD. PORT ST LUCIE FL 34986 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | SECRETARY DOUGLAS EAST 1100 SW ST LUCIE WEST BLVD. PORT ST LUCIE FL 34986 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **BONNIE EAST** *Bonnie East* DATE: **4-25-2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)