

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90001 037 ***150.00

DOCUMENT # P00000031656

1. Entity Name
BONNIE EAST REALTY, INC.

Principal Place of Business
RENAR CENTER, STE. 100
1100 SW ST. LUCIE WEST BLVD.
PORT ST. LUCIE FL 34986

Mailing Address
RENAR CENTER, STE. 100
1100 SW ST. LUCIE WEST BLVD.
PORT ST. LUCIE FL 34986



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1066465

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EAST, BONNIE
RENAR CENTER, STE. 200 1100 SW ST. LUCIE
WEST BLVD.
PORT ST. LUCIE FL 34986

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 BONNIE EAST

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	EAST, BONNIE	
STREET ADDRESS	1100 SW ST LUCIE WEST BLVD.	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34986	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EAST, BLAINE	
STREET ADDRESS	1100 SW ST LUCIE WEST BLVD.	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34986	
TITLE	S	<input type="checkbox"/> Delete
NAME	EAST, DOUGLAS	
STREET ADDRESS	1100 SW ST LUCIE WEST BLVD.	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34986	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-2002
 Date

561-879-7473
 Daytime Phone #

CR2E034 (9/01)