2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jul 31, 2001 8:00 am **Secretary of State** P00000038943 **DOCUMENT #** 07-10-2001 90118 030 ***150.00 REAL ESTATE YELLOW PAGES, INC. Principal Place of Business Mailing Address 3176 SHOAL LINE BLVD. 3176 SHOAL LINE BLVD. SPRING HILL FL 34607 SPRING HILL FL 34607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Country \$8.75 Additional -5. Certificate of Status Desired . 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DE MARTINI, JIM Street Address (P.O. Box Number is Not Acceptable) 4292 COLUMBUS DR. SPRING HILL FL 34607 Zip Code City 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, 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 FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Election Campaign Fina Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (5/01) TITLE ☐ Delete ☐ Change ☐ Addition CHLANDA, THERESA 3176 SHOAL LINE BLVD. STREET ADDRESS STREET ADDRESS SPRING HILL FL 34607 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delate ☐ Change Addition NAME DE MARTINI, JIM NAME STREET ADDRESS STREET ADDRESS 3176 SHOAL LINE BLVD. CITY-ST-ZIP SPRING HILL FL 34607 CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), FiorIda 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.

FILED

#POUDUO38943 Dewr Sis, I never becomed my Keneral nature I Called Carp dept and they sent me This new Jahm. This is the first fling of my Company and I ded not realize I was late. Please except my \$ 15000 filing fee. Mer Themala

...

.